F14000004063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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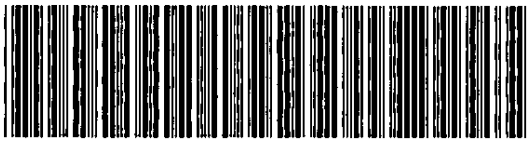
W14-56639



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14 SEP 26 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/29/14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 16, 2014

LUIS A. IRIZARRY
SUNSHINE STATE AIRLINES, INC.
PO BOX 37217
SAN JUAN, PR 00937-0217

SUBJECT: SUNSHINE STATE AIRLINES, INC.
Ref. Number: W14000056639

We have received your document for SUNSHINE STATE AIRLINES, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 814A00019833

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sunshine State Airlines, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "*Application by Foreign Corporation for Authorization to Transact Business in Florida,*" "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the *above* referenced foreign corporation to transact business in Florida.

Please return all *correspondence concerning this matter to the following:*

Luis A. Irizarry
Name of Person

Sunshine State Airlines, Inc.
Firm/Company

PO Box 37217
Address

San Juan, P.R. 00937-0217
City/State and Zip code

irizarry@icenetworks.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis A. Irizarry at (787) 752-7621
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ $70.00 Filing Fee
- ☒ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Sunshine State Airlines, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Puerto Rico
(State or country under the law of which it is incorporated)

3. 660-760658
(FEI number, if applicable)

4. 10 February 2011
(Date of incorporation)

5. Indefinite
(Duration: Year corp. will cease to exist or "perpetual")

6. October 1st, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. PO Box 37217, San Juan, P.R. 00937-0217
(Principal office address)

1525 NW 56 Street, Suite 206 Fort Lauderdale, FL 33309
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alicia Oria Olivares

Office Address: 1525 NW 56 Street, Suite 206

Fort Lauderdale, (City), Florida 33309 (Zip code)

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TALLAHASSEE, FLORIDA

9. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Its: Alicia Oria Olivares
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Luis A. Irizarry

Address: PO Box 37217, San Juan, P.R. 00937-0217

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Luis A. Irizarry

Address: PO Box 37217, San Juan, P.R. 00937-0217

Vice President: _____

Address: _____

Secretary: Luis A. Irizarry

Address: PO Box 37217, San Juan, P.R. 00937-0217

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Luis A. Irizarry - President
(Typed or printed name and capacity of person signing application)

Commonwealth of Puerto Rico
DEPARTMENT OF STATE
San Juan, Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **DAVID E. BERNIER RIVERA**, Secretary of State of the Commonwealth of Puerto Rico,

CERTIFY: That, **SUNSHINE STATE AIRLINES, INC.**, register number **203033**, a **for profit domestic** corporation, organized under the laws of Puerto Rico, has complied with the filing of its Annual Reports.

IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Commonwealth of Puerto Rico, in the City of San Juan, Puerto Rico, today, **September 12, 2014.**

DAVID E. BERNIER RIVERA
Secretary of State

To validate this certificate go to: http://www.estado.gobierno.pr

This certificate can be validated up to 2 times before its expiration date of 11-Dec-2014.

Certificate Validation Number: **86935-90476957**