

F140000004063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

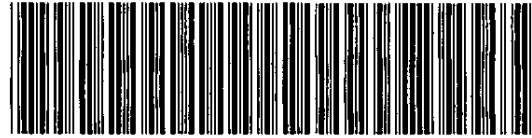
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12-8-14



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
**SUNSHINE STATE AIRLINES, INC**
2. This entity was authorized to transact business in Florida on 09/26/2014 and its Florida document number is F14000004063
3. This corporation was formed under the laws of Puerto Rico
4. The name and address of each officer and/or director is as follows:

Title:  
**President**

Name and Address  
**Alicia Oria de Olivares**

**1525 NW 56 STREET, SUITE 206**  
**FORT LAUDERDALE, FL 33309**

**General Man**

**Domingo Olivares**

**1525 NW 56 STREET, SUITE 206**  
**FORT LAUDERDALE, FL 33309**

**Secretary**

**Alicia Oria de Olivares**

**1525 NW 56 STREET, SUITE 206**  
**FORT LAUDERDALE, FL 33309**

**Registered A**

**Alicia Oria de Olivares**

**1525 NW 56 STREET, SUITE 206**  
**FORT LAUDERDALE, FL 33309**

(Attach additional pages if necessary)

*Alicia Oria de Olivares*  
Signature of an officer or director

**President**

Title of person signing

ALICIA O DE OLIVARES  
Typed or printed name of person signing

**FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUNSHINE STATE AIRLINES, INC.**

**SUBJECT:** \_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** F14000004063

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Domingo Olivares**

\_\_\_\_\_  
Name of Contact Person

**SUNSHINE STATE AIRLINES, INC.**

\_\_\_\_\_  
Firm/Company

**1525 NW 56 STREET, SUITE 206**

\_\_\_\_\_  
Address

**FORT LAUDERDALE, FL 33309**

\_\_\_\_\_  
City/State and Zip Code

**aeropullman@gmail.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Domingo Olivares**                      **954**                      **663-1114**

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301