

TRANSMITTAL LETTER

P00000066319

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: SunCoast Transportation of ORLANDO INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003319852--2

-07/11/00--01075--001

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Carlton Thomas  
Name (Printed or typed)

304 So. ORANGE Blossom T  
Address

ORL, FL 32805  
City, State & Zip

(407) 649-1600  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 11 PM 12:58

APPROVED  
AND  
FILED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JUL 11 PM 12:51  
RECEIVED

64182  
001  
38149

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
**FOR**  
**SUN COAST TRANSPORTATION OF ORLANDO INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 11 PM 12:58

APPROVED  
AND  
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**ARTICLE ONE**

THE NAME OF THE CORPORATION IS **SUN COST TRANSPORTATION INC.**

**ARTICLE TWO**

THE PERIOD, TERM AND DURATION IS **PERPETUAL**

**ARTICLE THREE**

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE TRANSPORTATION COMPANY ,WHEREIN, WE WILL PROVIDE VARIOUS FORM AND TYPES OF TRANSPORTATION IE; TOWN CAR SERVICE SHUTTLE BUSES VANS LIMOUSINES AND ANY OTHER COMMERCIAL VEHICLES THE COMPANY MAY CHOOSE TO EMPLOY IN THE STATE OF FLORIDA. THE BUSINESS WILL TRANSACT ALL OF ITS BUSINESS UNDER THE NAME OF **SUN COAST TRANSPORTATION OF ORLANDO INC.**

**ARTICLE FOUR**

THE AGGREGATE NUMBER OF SHARES BY WHICH THE CORPORATION SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES . EACH SHARE SHALL A PAR VALUE ON ONE DOLLAR EACH.

**ARTICLE FIVE**

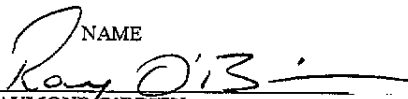
THE CORPORATION WILL NOT COMMENCE ANY OF ITS BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

**ARTICLE SIX**

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 4314 CREEK SMILE BLVD. KISSIMMEE FLORIDA CODE NUMBER 34746. THE NAME OF THE INITIAL REGISTERED AGENT IS RAYMOND O'BRIEN WHOSE ADDRESS IS 4314 CREEK SMILE BLVD. KISSIMMEE FL. ,34746. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE 4314 CREEK SMILE BLVD. KISSIMMEE FLORIDA 34746.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE. THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS.

NAME  
  
RAYMOND O'BRIEN

ADDRESS  
4314 CREEK SMILE BLVD.  
KISSIMMEE, FL 34746

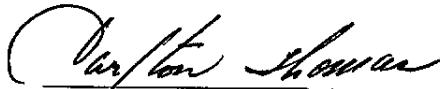
ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

CARLTON THOMAS  
304 SOUTH O.B.T.  
ORLANDO FL. 32805.

  
CARLTON THOMAS

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

**CERTIFICATE OF DESTINATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE  
FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS :

SUN COAST TRANSPORTATION OF ORLANDO FLORIDA INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :

RAYMOND O'BRIEN  
(NAME)

CREEK SMILE BLVD.

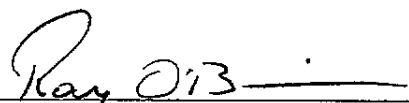
(P.O. BOXES NOT ACCEPTABLE)  
KISSIMMEE FL. 34746  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 11 PM 12:58

APPROVED  
AND  
FILED

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS  
FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS  
CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A  
AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE  
PROVISION OF ALL STATUES RELATING TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES , AND I AM FAMILIAR WITH AND ACCEPT THE  
OBLIGATIONS OF MY CORPORATION.

  
SIGNATURE

7-7-00  
DATE 07/07/2000