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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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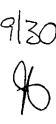


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09/29/11--01015--014 **78.75

SECRETARY OF STATE





COVER LETTER

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

SUBJECT: San - Cap Shuttle, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORAT	FENAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Frederick G. Betty	(Printed or typed)			
3801 Country Club Blvd	ddress			
Cape Coral, Fl 33904 City, State & Zip				
239 994-2101 Daytime Telephone number				
fgobetty@hotmail.com E-mailaddress: (to be used for future annual report notification)				

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the c	NAME Orporation shall be:	p Shuttle, Inc.	
	PRINCIPAL OPPICE Principal street address 3801 Country Club Blvd #3 Cape Coral, Fl 33904		Mailing address, if different is:
ARTICLE III The purpose for w Transportation	hich the corporation is organized is:		
	ares of stock is: 10		
Name and T Address:	initial officers and/or initial Frederick G. Betty 3801 Country Club Blvd # Cape Coral, Fl 33904	Name and Title Address:	
Name and T Address:	itle:	Address:	
Name and T Address:	itle:	Name and Title Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT a Frederick G. Betty 3801 Country Club Blvd Cape Coral, Fl 33904	#3	ntis:
	INCORPORATOR dress of the Incorporator is: Frederick G. Betty 3801 Country Club Blvd Cape Coral, Fl 33904		EP 29. PM 4:
Having been nam this certificate, I a	ed as registered agent to accept servi m familiar with and accept the appoin Required Signature/Registere	imentas registered agentand	ited corporation at the place dignated in agree to act in this capacity 9/27/20// Date
	ement and affirm that the facts states epartment of State constitutes a third Required Signature/Incorp	degree felony as provided for i EUM	that the false information submitted in a n s.817.155, F.S. 9/27/201/ Date