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(Re	questor's Name)	
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SECRETARY OF STATE WAY 1910N OF CORPORATIONS

oln No

COVER LETTER

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

	A & M Shuttle, Inc					
· · · · · · · · · · · · · · · · · · ·	of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of S	\$78.75 \$87.50 Filing Fee,					
FROM:	Wesner Aristor Name (Printed or typed) 2423 Maracaibo Dr Address					
	Kissimmee, FL 34746 City, State & Zip (407) 668 2804 Daytime Telephone number					
E-mail address	: (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 N	IAME				
The name of the corp		A&M Shuttle,	Inc		
ADMICI D III		Advi Shuttle,	, IIIC		
ARTICLE II F	PRINCIPAL OFFICE Principal street address		Mailing add	dress, if different is:	
24	23 Maraçaibo Dr		•		
	simmee, FL 34746				
			·		
ARTICLE III P	I TO BOOK TO				
	ch the corporation is organized is:				
ine purpose for vini	on the corporation is organized is.				
To provide tran	sportation within the state of	Florida			
ARTICLE IV S The number of shares		,			
ine number of snares	of stock is:	,			
	NITIAL OFFICERS AND/OR DIR				
	::Wesner Aristor, President				
Address:	2423 Maracaibo Dr		ss:		
	Kissimmee, FL 34746				
		 			
Name and Title	:Flumer Mera, Manager	Name	and Title:		
Address:	850 Bristol Forest Way	Addre:	ss:		
	Orlando, FL 32828				
					
Name and Title	:	Name	and Title:		
Address:		Addre	ss:		
	·	 	-		
					
	EGISTERED AGENT				
	la street address (P.O. Box NOT acce	ptable) of the regis	tered agent is:	=	9
Name:	Wesner Aristor			<u> </u>	555
Address:	2423 Maracaibo Dr Kissimmee FL 34746			4	문չ
	Alssimiliee, FL 34740			1.	유로그
	NCORPORATOR			7	87E
	ss of the Incorporator is:			P	걸닦는
Name: Address:	Flumer Mera			Ę	52 52 53
Address:	850 Bristol Forest Way Orlando, FL 32828			Ň	
	CHARGO, I L DZOZO	,		C)	8
	as registered agent to accept service of				näted in
this certificate; I am f	familiar with and accept the appointme	ent as registered ag	gent and agree to act	t in this capacity	
				0 1 1 0 0044	•
- Lbu	un Clyp			October 3, 2011	
	Required Signature/Registered A	gent		Date	
I submit this docume	ent and affirm that the facts stated he	erein are true. I a	m aware that the fa	alse information submit	tted in a
	artment of State constitutes a third deg				
~	, -/- M	-			