

P/4000035038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

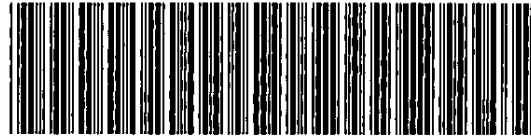
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700259108717

04/17/14--01013--018 \*\*70.00

FILED  
14 APR 17 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R 04/18/14

COVER LETTER

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

SUBJECT: Salty Frog Shuttle Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

Michael Ryan White

Name (Printed or typed)

43 C Cypress Pond rd

Address

Santa Rosa Beach, FL 32459

City, State & Zip

850-764-3764

Daytime Telephone number

SaltyFrogshuttle@gmail.com

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 NAME**

The name of the corporation shall be:

Salty Frog Shuttle Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

43 C Cypress Pond rd.  
Santa Rosa Beach, FL 32459

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide a beach to airport  
shuttle service. Picking up passengers at the airport  
and taking them to their destination.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Michael R. White

Name and Title:

Owner

Address

43 C Cypress Pond rd.  
Santa Rosa Beach,  
FL 32459

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
14 APR 17 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Ryan White  
Address: 43 C Cypress Pond rd.  
Santa Rosa Beach, FL 32459

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Ryan White  
Address: 43 C Cypress Pond rd.  
Santa Rosa Beach, FL 32459

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michael Ryan White  
Required Signature/Registered Agent

4-15-2014  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Michael Ryan White  
Required Signature/Incorporator

4-15-2014  
Date

FILED  
14 APR 17 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA