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| (Requ | uestor's Name) | · · · · · · · · · · · · · · · · · · · | | |
|---|----------------|---------------------------------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | TIAW | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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403 or

COVER LETTER

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

| SUBJECT: | SRI-Shuttle + Management INC. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) | | |
|----------------------|---|-------------------------------------|--|
| | (PROPOSED CORPORA | ATE NAME – <u>MUSIJ INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d 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 CO | PY REQUIRED |
| FROM: | Wilbed J S Name 4465 Wesley | , | |
| | • . | Address Fla. 32303 State & Zip | |
| | | State & Zip 1793 elephone number | |
| | E-mail address: (to be use | d 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)

| The name of the corporation shall be: SRT 5h | uttle + Managoment INC |
|---|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE Principal street address | Mailing address, if different is: |
| 2465 Wesley Dr. | Pro- Box 181011 |
| Tal Flo. 32303 | Tall Fla 32318 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | 1 |
| | |
| | N. C. |
| | |
| | TO 70 C |
| | SP SE LS |
| The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECT | |
| Name and Title: Rudown Ferguson | C Name and Title: |
| Address 4465 Westey Dr | |
| TALLAHASSEE, FLA | |
| 323 | 63 |
| | Name and Title: |
| Address | |
| Address | |
| | |
| • | |
| | Name and Title: |
| Address | Address: |
| | |

| Name and Title: | Name and Title: |
|--|---|
| Address | Address: |
| | |
| | |
| ADMIGLE THE PROCESSION AS DESCRIPTION AS DESCRIPTIO | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of | the periotograph count in |
| Name: WilboA J Stanle, | |
| Address: 4465 Wesley Dr. | • |
| Tall Fla, 32303 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: Rudolph Ferquison. Address: 4465 weder Dr. Tall Fla 32303 | |
| Address: 4465 weden Dr. | |
| Tal F/a 32303 | |
| Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi | for the above stated corporation at the place designated in istered agent and agree to act in this capacity |
| Will J. Sk. J. Required Signature Registered Agent | 6-25-14 Date |
| I submit this document and affirm that the facts stated herein are t document to the pepartment of State constitutes a third degree felony | rue. I am aware that the false information submitted in a |
| Required Significant Processor | 6.25-14. |
| | |