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(Re	questor's Name)	· · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	. Certificates	of Status
Special Instructions to F	Filing Officer:	
JUN 3 0 2014		
A. DUNLAP		

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SECRETARY OF STATE
ALL ANASSEE FOR BRAIN

## **COVER LETTER**

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

## SUBJECT: FLORIDA PRIVATE SHUTTLE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE 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 REOUIRED

FROM:	LEONARDO MARTINEZ
· ····	Name (Printed or typed)
	15962 SW 138 TER.
	Address
	MIAMI, FL. 33196
	City, State & Zip
	(305) 510-9786
	Daytime Telephone number
	LMARTINEZ901@GMAIL.COM

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

E-mail address: (to be used for future annual report notification)

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

	CIPAL OFFICE				
Principal street address 15962 SW 138 TER.  MIAMI, FL. 33196			Mailing address, if different is: 15962 SW 138 TER.		
		MIAMI, FL. 33196		-	
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is: ANY	AND ALL LAV	VFUL BUSINESS	_	
			SECOND T	 	
ARTICLE IV SHA The number of shares of			27		
		·	AH 9:4		
ARTICLE V INIT	<u>tal officers and/or directo</u> Leonardo Martinez (P)	RS  Name and Title:	1000 TO 1000		
	:	Name and True:	·	_	
	15962 SW 138 TER.				
Address		Address:		_	
Address	15962 SW 138 TER. MIAMI, FL 33196	Address:		_ _	
Address  Name and Title:	15962 SW 138 TER.  MIAMI, FL 33196	Address:Name and Title:			
Address	15962 SW 138 TER. MIAMI, FL 33196	Address: Name and Title: Address:			
Address  Name and Title:  Address	15962 SW 138 TER. MIAMI, FL 33196	Address: Name and Title: Address:		_	

Name and Title:		Name and Title:
Address		Address:
	ISTERED AGENT treet address (P.O. Box NOT acceptable) of	the registered agent is:
Name: LE	ONARDO MARTINEZ	
Address: 159	962 SW 138 TER.	
MI	AMI, FL 33196	
The name and address of Name:  Address:	LEONARDO MARTINEZ 15962 SW 138 TER.	
Having been named as in this certificate, I am fam	Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity  Left 21/2014  Date  True. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.