Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

Phone : (800)494-3124 Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION

Island Shuttle Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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September 27, 2018

To whom it may concern:

On September 26, 2018, I voluntarily dissolved my LLC - ISLAND SHUTTLE LLC - DOC# L18000222093. I have no intention of revoking the LLC dissolution.

I am now filing a for profit corporation and do hereby release the name for use to the entity.

Thank you,

Walford Campbell

Member

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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:

ISLAND SHUTTLE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7816 TROPICANA STREET MIRAMAR, FLORIDA 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
WALFORD CAMPBELL
7816 TROPICANA STREET
MIRAMAR, FLORIDA 33023

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

WALFORD CAMPBELL 7816 TROPICANA STREET MIRAMAR, FLORIDA 33023

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

WALFORD CAMPBELL

7816 TROPICANA STREET

MIRAMAR, FLORIDA 33023

WALFORD CAMPBELL / Registered Agent

Date

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.

WALFORD CAMPBELL /Incorporator

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.

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