F19000	002888
(Requestor's Name) (Address) (Address)	300330237863
(City/State/Zip/Phone #)	06/104/1901010016 ** 87.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	19 JUH -4 HOLE 19
Special Instructions to Filing Officer:	Y SCOTT JUN 04 2019 HILANSEEFE PH 2: 40 TILE SEEFE FISHIE UNDEFE
Office Use Only	STATE OF STATE

COVER LETTER

TO: Registration Section Division of Corporations Prestigious Horizons Inc

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SUBJECT: ____

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Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: Orlando Alvarado

	_				1	\sim	
EZ Way Rent A Car	Name of Person				NUL 61	1	
8539 Beach Blvd		Firm/Company			ASSEE.	+ [- П
Jacksonville, Florida 322	16	Address		LORID	1 2: 40	כ	
oalvarado2169@gmail.co	າມ	City/State	e and Zi	p code			
	E-mail address	: (to be use	d for fu	ture annual report	notification)		
For further information	concerning this m	atter, pleas	e cail:				
Orlando Alvarado		404	95	6-9059			
·		at ()			_	
Name of Perso	าท	Area C	ode	Daytime Telep	hone Number		
STREET/COU Registration Se Division of Co Clifton Buildir 2661 Executive Tallahassee, Fl	rporations ng c Center Circle	S:		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclosed is a check for	the following amo	ount:					
\$70.00 Filing Fee	Certificate o			.75 Filing Fee & tified Copy	S87.50 Filin Certificate o Certified Co	of Status &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN CO	MPLIANCE WITH SECTON 607.1503, FLORID MPLIANCE WITH SECTOR ATION TO TRANSA TER A FOREIGN (Minus Horizon)	CI BUSINESS	WITH STATE OF TEC	0,1112,11	
Pre 1 (Er	stigious (ISIT	(ED.)" "COMPA)	NY," "CORPORATION."	**	-
	lay Rent A Car IN-				-
Wyon	5				_
(Stat	e or country under the law of which it is incorporated 15, 2016	d)	(FEI number, if app	licable)	_
4.	(Date of incorporation)	_ 5			
	(Date of incorporation)	()	Date of duration, if other t	han perpetual)	
6.					_
_	(Date first transacted busin (SEE SECTIONS 607.1501 & 6 leach Blvd Jacksonville, FL 32216	ness in Florida, if 607,1502, F.S., 10	prior to registration) determine penalty liabilit		<u> </u>
/	(F	Principal office ad	ldress)	Sin t	
	(Current	mailing address,	if different)	PM 2: 41 GF STATE E. FLORIDA	
	e and street address of Florida registered agent	: (P.O. Box <u>N</u> (<u>DT</u> acceptable)		
8. Name	Orlando Alvarado				
8. Name	Orlando Alvarado Name:				
	Name:				
	Name: 8539 Beach Blvd Address: Jacksonville		32216 prida		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

A.L (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

А.	DIRECTORS	
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Chairman:		
ddress:		
ce Chairman:		
ddress:		
irector:		
ddress:		
	 5	2 _#
irector:		<u>e</u>
ddress:	HAS	· · · · · · · · · · · · · · · · · · ·
6. OFFICERS Orlando Alvarado	r (o	
resident:		<u>> `_</u>
Jacksonville, Fl. 32216	<u>A</u>	
Quinice Stephens		
lice President:		± ,
Address: Jacksonville, FI 32216		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If pacessary you may attach an addendum to the applica	tion listing additional officers and/or o	directors.
12. Signature of Director		
Signature of Director	or Officer	an around horain
The officer or director signing this document (and who is listed in are true and that he or she is aware that false information submitte		cia surrea nerenn
a third degree felony as provided for in s.817.155. F.S.	4	
Orlando Alvarado President		
13. On las to Alvan No Pres. (Typed or printed name and capacity of p	person signing application)	

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Prestigious Horizons Inc.

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **June 15, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000717543**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 4th day of June, 2019 at 8:58 AM. This certificate is assigned 031339227.



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Secretary of State

ZHA T- MAT BILL

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.