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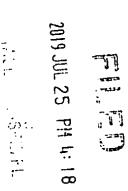
| (Rec | uestor's Name) | | | | |
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| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to F | filing Officer: | | | | |
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Office Use Only



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B KINSEY



June 26, 2019

ADI H RAHATLEV 3804 SW 49TH PLACE FORT LAUDERDALE, FL 33312

SUBJECT: RENTAL MANAGEMENT INC

Ref. Number: W19000060190

We have received your document for RENTAL MANAGEMENT INC and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L13000032761.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 219A00013010

RECEIVED
JUL 25 2019

COVER LETTER

| | iration Section on of Corpo | | | | | |
|---|-----------------------------|----------------------------------|--|----------|-------------------------------|---|
| SUBJECT: | • | ANAGEMENT | INC | | | |
| SOBJECT. | | Name | of corporation | n - mı | ist include suffix | |
| Dear Sir or Ma | adam; | | | | | |
| "Certificate of | Existence," | | of Good Sta | ınding | " and check are sub | ct Business in Florida." omitted to register the |
| Please return a ADI H. RAH | • | dence concern | ing this matt | er to th | ne following: | |
| | | | Name o | f Perso | on | |
| | | | Firm/Co | mpany | , | |
| 3804 SW 49th | PLACE | | | | | |
| FORT LAUD | ERDALE FL | 33312 | Add | ress | | |
| ADIHAI4U@C | MAIL.COM | | City/State | and Z | p code | |
| *** | | E-mail address | : (to be used | for fu | iture annual report r | notification) |
| For further inf | ormation co | ncerning this m | atter, please | call: | | |
| _ · · · · · · · · · · · · · · · · · · · | | 305 at (|) | 900-7525 | | |
| Name of Person | | | Area Code | | Daytime Telephone Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | |
| Enclosed is a c | heck for the | following amo | ount: | | | |
| ■ \$70.00 Fili | ng Fec € | \$78.75 Filing Certificate of | | | 8.75 Filing Fee & rified Copy | S87.50 Filing Fee. Certificate of Status & Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| L RENTAL MAN | AGEMENT INC | | | | | | |
|--|--|----------------------------|--|-----------------------------|-------------|---------|--|
| | orporation; must include "INCORPORATE orp," "Inc," "Co." or "Corp.") | ED," "C | COMPANY," "CORPORATION | Į." | | _ | |
| YOUR RENTA | L MANAGEMENT COMPANY | | | | | | |
| (If name unavaila | ible in Florida, enter alternate corporate na | me ado | pted for the purpose of transactin | g business i | n Florida |) | |
| 2. WYOMING | | 3. 32-0601638 | | | | | |
| (State or countr | (State or country under the law of which it is incorporated) | |) (FEI number, if applicable) | | | | |
| 4. 05/07/2019 | | 5. | | | | | |
| | (Date of incorporation) | | (Date of duration, if other than perpetual) | | | | |
| 6. | | | | | | | |
| | (Date first transacted busines (SEE SECTIONS 607.1501 & 60 | | orida, if prior to registration) , F.S., to determine penalty liabili | ty) | | _ | |
| 7. 3804 SW 49 PLA | ÇE FORT LAUDERDALE FL 33312 | | **** | | | _ | |
| | (Pri | ncipal c | office address) | | | | |
| | | | | | | _ | |
| | (Current m | ailing a | ddress, if different) | | - • | | |
| 8. Name and street | et address of Florida registered agent: (| (P.O. I | Box NOT acceptable) | ! | 2019 JUL 25 | . 17 | |
| Name: | ADI RAHATLEV | | _ | | . 25 | 2762 | |
| Office Address: | 3804 SW 49 PLACE | _ | - | <u>.</u> | PH | | |
| | FORT LAUDERDALE | | Florida <u>33312</u> | · · · | ÷ | المصددة | |
| | (City) | | (Zip code) | ار سیار ۱۲ | 8 | | |
| design <mark>ated in this</mark> further agree to c | ent's acceptance: led as registered agent and to accept so application, I hereby accept the appo- omply with the provisions of all statut familiar with and accept the obligation | i nt mer es rela | nt as registered agent and agr tive to the proper and comple | ee to act in ete perforn | n this ca | pacity. | |
| _ | (Paristo) | red same | nt's signature) | | | | |
| | (Acgiste) | i va agei | in a argimento) | | | | |

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.

A. DIRECTORS Chairman: Address: Vice Chairman: Director: ____ **B. OFFICERS** ADI II. RAHATLEV President: 3804 SW 49 PLACE Address: FORT LAUDERDALE FL 33312 u== Vice President: Address: ______ Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. ADI H RAHATLEV PRESIDENT (Typed or printed name and capacity of person signing application)

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

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,

RENTAL MANAGEMENT INC

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **May 7**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000854971**.

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 16th day of May, 2019 at 12:23 PM. This certificate is assigned 031120920.

Secretary of State

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.