F2000000451

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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TILED AND STREET

JAH 25 EEG. T. LEMEUX

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LAZY KEY RED tALS Name of corporation	Tolc.		
Name of corporation	- must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ling" and check are submitted to register the		
Please return all correspondence concerning this matter	to the following:		
DHII:P V. COSTATII			
Name of P	Person		
LAZY KEYS REDIALS	TNC		
Firm/Comp	pany		
POBOX 21			
Addres	ss		
FISCHER TEXAS City/State an	78623		
City/State an	d Zip code		
PHILIP, SPIASH C 6N E-mail address: (to be used for	ACI · COM		
For further information concerning this matter, please ca	all:		
PHilip CostA at (713	539-0371		
Name of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT	OF STATE		
	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

1 6	IZV KEU BENHALS I	
(Enter name of co	orporation; must include "INCORPORATI	ごり <u>こ</u> ED," "COMPANY," "CORPORATION,"
	orp," "Inc," "Co," or "Corp.")	
(If name unavaila	ble in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. TEVA	<	3 84-3580462
(State or country	under the law of which it is incorporated	3. <u>84-3580462</u> (FEI number, if applicable)
4(Date	of incorporation)	5(Date of duration, if other than perpetual)
		1 /
6. <u> </u>	Node Yet	ss in Florida, if prior to registration)
		7.1502, F.S., to determine penalty liability)
7 11.6	,000 FM 32 Fisch	En TEXAS 78623
/		office street address)
7	· · ·	
	BON 21 FISCHER	TEXAS 76673 ailing address, if different)
	(Curen ne	ming address, if different
8 Namo and stree	t address of Florida registered agent: ((P.O. Poy NOT acceptable)
o. Ivanie and <u>succ</u>		
Name:	PH'ilip Costa	2020 JAN SELEKTIAN
000.00 4 44.000		
Office Address:	DIE CHUIA	, Florida 33040000 D
	KEY Wast	, Florida <u>33040</u>
	(City)	(Zip code) $\frac{m}{m} = 0$
9. Registered age		, Florida 33040 D
		ervice of process for the above stated corporation at the place
designated in this	application, I hereby accept the appoi	intment as registered agent and agree to act in this capacity. I
further agree to co and Lam familiar	omply with the provisions of all statute with and accept the obligations of my	es relative to the proper and complete performance of my dutie
	min and accept the Obligations Of my	position as registered agent.
		
	1	
_	(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.

A. DIRECTORS							
Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>			
□ Director		□Director					
∑ President	PHILIP V COSTATT	□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Trea	surer			
Other	Other	□Other	□Othe	т			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treas	surer			
Other		Other	Other	r			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address;	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary	□Treas	urer			
Other	Other	□Other	Dther				
Important Notice: Uindividuals may be	Ise an attachment to report more than six (6). The atta added to the index when filing your Florida Departme	chment will be imaged ont of State Annual Re	for reporting purposes on bort form.	ily. Non-indexed			
12.			· · · · · · · · · · · · · · · · · · ·				
s.817.155, F.S.	tor signing this document (and who is listed in numberse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitut	it the facts stated herein ar es a third degree felony as	e true and that he ee			
13. PHilip V COSto III Prosidest (Typed or printed name and capacity of person signing application)							

, Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

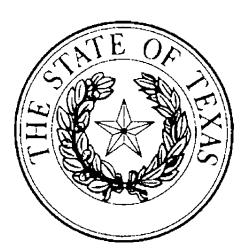
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for LAZY KEY RENTALS INC (file number 803459236), a Domestic For-Profit Corporation, was filed in this office on October 31, 2019.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: November 01, 2019

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 09, 2020.



Ruth R. Hughs Secretary of State