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2021 DEC 20 PM 4:5 SECRETARY OF STATI

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Rentimo, Inc.		
	corporation -	must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation of Existence," or "Certificate of above referenced foreign corporation to tra	f Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.
Please return all correspondence concernin	g this matter t	o the following:
Petar Lazic		
	Name of P	erson
Rentimo, Inc.		
	Firm/Comp	pany
1717 N Bayshore Dr. #2851		
	Addres	SS
Miami, FL 33132		
	City/State an	d Zip code
rentimo@rentimo.io		
E-mail address:	(to be used fo	or future annual report notification)
For further information concerning this ma	tter, please ca	ıll:
Petar Lazic	347 ut () 5867778 Daytime Telephone Number
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 amore Please make check payable to: Fl.ORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of	PARTMENT Fee & 🔲	OF STATE \$78.75 Filing Fee & \$87.50 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.

	_		
name unavailal	ole in Florida, enter alternate corporate nam	e adopted for the purpose of trans-	acting business in Florida)
Delaware	:	3	
(State or country	under the law of which it is incorporated)	(FEI number.	if applicable)
10/01/2021	:	5	
(Date o	of incorporation)	(Date of duration, if o	ther than perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration (1502, F.S., to determine penalty l) iability)
1717 N Bayshore	Dr., #2851, Miami, FL 33132		
	(Principal o	office street address)	
Name and stree	(Current ma	iling address, if different) P.O. Box <u>NOT</u> acceptable)	282 S. S. T.A.I
Name:	t address of Florida registered agent: (Petar Lazic 1717 N Bayshore Dr #2851	P.O. Box <u>NOT</u> acceptable)	2021 DEC 20 F SECRETARY C TALLAHASSEE
Name:	t address of Florida registered agent: (Petar Lazic 1717 N Bayshore Dr #2851	P.O. Box <u>NOT</u> acceptable)	2821 DEC 20 PM SECRETARY OF STALLAHASSEE, FL
Name: ffice Address:	t address of Florida registered agent: (Petar Lazic 1717 N Bayshore Dr #2851 Miami (City)	P.O. Box NOT acceptable) , Florida 33132 (Zip code)	2021 DEC 20 PM 4: 5 SECRETARY OF STAT TALLAHASSEE, FLORI
Name: ffice Address: Registered ag laving been nan esignated in this	Petar Lazic 1717 N Bayshore Dr #2851 Miami (City) ent's acceptance: ned as registered agent and to accept so application, I hereby accept the appointment of the provisions of all statuter with and accept the obligations of my	P.O. Box NOT acceptable) P.O. Box NOT acceptable) Florida 33132 (Zip code) ervice of process for the above intment as registered agent an es relative to the proper and co	stated comporation at the

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS	Petar Lazic		Djordje Nikolic
□ Chairman	Name:	☐ Chairman	Name:
□Vice Chairman		□Vice Chairman	Address:
Director	Miami, FL 33132	Director	South Orange, NJ 07079
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	■ Treasurer
Other	Other	Other	□Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		President	
□Vice President		□Vice President	
☐ Secretary	Treasurer	Secretary	□Treasurer
Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		☐ Vice President	
Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	Other	Other
individuals may b	Use an attachment to report more than six (6). The a set added to the index when filing your Florida Depart	ment of State Annual R	ed for reporting purposes only. Non-indexed eport form.
12.	Signature of Diffecto	r or Officer	
The officer or direction is aware that is aware that is s.817.155, F.S. Petar Lazio	ector signing this document (and who is listed in num false information submitted in a document to the Dep	artment of State constit	utes a third degree felony as provided for in

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COFY OF THE CERTIFICATE OF INCORPORATION OF "RENTIMO, INC.",

FILED IN THIS OFFICE ON THE FIRST DAY OF OCTOBER, A.D. 2021, AT

12:41 O'CLOCK P.M.



Authentication: 204309208

Date: 10-01-21