

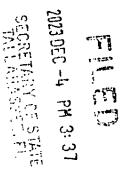
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COVER LETTER

	ration Section on of Corporations			
SUBJECT:	RENTAL COMMERCE INC	3.		
SCBGE!.	Name of	corporation - r	nust include suffix	
Dear Sir or Ma	ıdam:			
"Certificate of	Application by Foreign Corp Existence," or "Certificate of ed foreign corporation to tra-	f Good Standir	ıg'' and check are subm	Business in Florida," itted to register the
Please return a	Il correspondence concerning	g this matter to	the following:	
PUNSRI A AB	EYWICKREMA			
		Name of Pe	rson	
RENTAL COM	IMERCE INC.			
		Firm/Compa	iny	
2001 FILLMO	RE STREET,SUITE 1			
		Address		
SAN FRANCIS	SCO, CA 94115			
		City/State and	Zip code	
Punsri@incuba				
	E-mail address:	(to be used for	future annual report no	otification)
For further inf	formation concerning this ma	itter, please cal	1:	
PUNSRI A AB	BEYWICKREMA	at ((650) 629-6692	
Name	e of Person	Area Code	Daytime Teleph	one 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	
	check for the following amo leck payable to: FLORIDA DE ing Fee	PARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified 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.

1. RENTAL COM	MERCE INC.			
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)	
		02.0757529		
2. DELAWARE (State or country under the law of which it is incorporated) 3.		92-0757528 (FEI number, if applicable)		
4. (Date	5. e of incorporation)	(Date of duration, if other than p	perpetual)	
Unon Registrati				
6	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 2001 FILLMORI	E STREET, SUITE 1, SAN FRANCISCO, CA	94115		
·	(Principal off	ice street address)		
2001 FILLMOR	E STREET,SUITE I, SAN FRANCISCO, CA	94115		
	(Current maili	ng address, if different)	202 SE	
8. Name and street	et address of Florida registered agent: (P.0 InCorp Services, Inc.	D. Box NOT acceptable)	2023 DEC -4 SECRETAR	THE STATE OF THE S
Name:	moorp sorvices, me.		75 P	
Office Address:	3458 Lakeshore Drive		州市 州の 山	,= a.
	Tallahassee	, Florida 32312	PH 3: 37	
	(City)	(Zip code)	L.J	
Having been nan designated in this further agree to d	gent's acceptance: ned as registered agent and to accept serves application, I hereby accept the appoint comply with the provisions of all statutes or with and accept the obligations of my property of the control of	ment as registered agent and agree to relative to the proper and complete pe bsition as registered agent. Joanna Fernandez on behalf of InC	act in this capac erformance of my	ity. I
10. Attached is a	certificate of existence duly authenticated	l, not more than 90 days prior to delive	ry of this applicat	tion 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.

DocuSign Envelope ID: 483FEA51-1190-499F-B1BC-EA2A86037AE0

Chairman	Name: 2001 FILLMORE STREET	□ Chairman	Name: 60 PECONIC BLVD. #135
	Address: 2001 FILL MORE STREET SUITE 1	□Vice Chairman	Address: AQUEBOGUE
Director	SAN FRANCISCO	Director	NEW YORK 11931, USA
□President	CA 94115, USA	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:
	Address:	□Vice Chairman	
□ Director		□Dìrector	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	Secretary	□Treasurer
Other		☐ Other	
Important Notice: individuals may b	Use an attachment to report more than six (6). The eadded to the index when filing your Florida Department	e attachment will be image artment of State Annual R	ed for reporting purposes only. Non-indexceport form.
2 Junior Laurebrine	Signature of Direction	ctor or Officer	

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "RENTAL COMMERCE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF OCTOBER, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RENTAL COMMERCE INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 204394975

Date: 10-18-23