

L12000031814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

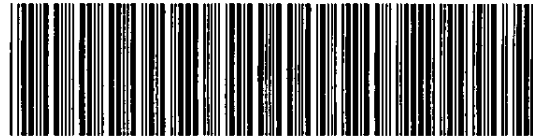
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/05/12--01032--039 **125.00

FILED
12 MAR -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 05 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Super CAR Rentals, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH CURIALE
Name of Person
Super CAR Rentals, LLC
Firm/Company
5703 Red Bug Lake RD #305
Address
WINTER SPRINGS, FL 32708-4268
City/State and Zip Code
RRS @ GSSISO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH CURIALE at (407) 595 8461
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
MAR 15 PM 4:00
TALLAHASSEE, FLORIDA
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPER CAR RENTALS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

493 SR 436
CASSELBERRY, FLORIDA
32707

Mailing Address:

5703 RED BUG LAKE RD
305
WINTER SPRINGS, FL 32708

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

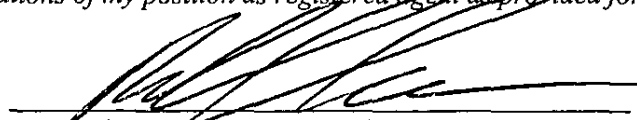
The name and the Florida street address of the registered agent are:

PAVAC, INC
Name

493 SR 436
Florida street address (P.O. Box **NOT** acceptable)
CASSELBERRY FL 32707
City, State, and Zip

FILED
12 MAR - 8 PM 4:00
CLERK OF CIRCUIT
JULIA HASSEY, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

PAVAC, INC

C-O VIKASH JAWALAPERSAD V.P

493 SR 436

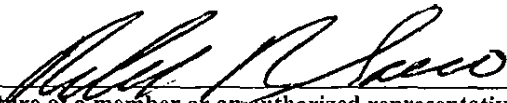
CASSEL BERRY

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Robert R. SACCO - SECRETARY
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
12 MAR -5 PM 4:00
DEPT. OF STATE
TALLAHASSEE, FLORIDA