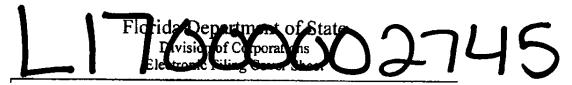
From:

01/05/2017 12:04

#391 P.001/003



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000003969 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone

: (800)221-2972

Fax Number

: (888)692-9256

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. LEASE WAY CAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

From:

01/05/2017 (2:04

#391 P.002/003

ARTICLESOF	DRIGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY
ARTICLE I - Name:			•
The name of the Limited Liability	Company is:		
•			
Lease Way Car LLC			
(Must end w	ith the words "Limited	Liability Company	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:
9 -4			
Principa	10ffice Address:		Mailing Address:
5255 Collins-Ave A	pt I I-C	<u>5255</u>	Collins Ave Apt 11-C
Miami Beach, FL 331	40	Miar	ni Beach, FL 33140
ARTICLE III - Registered Age: (The Limited Liability Company of another business entity with an ac-	cannot serve as its own	Registered Agent. Y	t's Signature: 'ou must designate an individual or
The name and the Florida street a	ddress of the registered	l agent are:	
	Meir Dahan		
		Name	
	5255 Collins Ave A	pt 13-C	
	Florida street addres	s (P.O. Box NOT ac	cceptable)
	Miami Beach	FL	33140
	City	State	Zip

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 605, F.S.

(CONTINUED)

Page 1 of 2

Agent's Signature (REQUIRED)

17 JAN -5 AMII: 10

From:

01/05/2017 12:04

#391 P.003/003

Title: "AMBR" = Authorized Member "MOR" = Manager	Name and Address:
MGR	Meir Dahan 5255 Collins Ave Apt 11-C Miami Beach, FL 33140
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
effective date is listed, the date must be:	ute of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
effective date is listed, the date must be a te of filing.) If the date inserted in this block does no cument's effective date on the Departmen	specific and cannot be more than five business days prior to or 90 times the applicable statutory filing requirements, this date will no
effective date is listed, the date must be a ate of filing.)	specific and cannot be more than five business days prior to or 90 times the applicable statutory filing requirements, this date will no
effective date is listed, the date must be at of filing.) If the date inserted in this block does no ocument's effective date on the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not of State's records.
effective date is listed, the date must be at of filing.) If the date inserted in this block does no ocument's effective date on the Department of the Depa	specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not of State's records.
effective date is listed, the date must be at of filing.) If the date inserted in this block does no ocument's effective date on the Department of the Depa	t meet the applicable statutory filing requirements, this date will not of State's records. Member or an authorized representative of a member, cuted in accordance with section 605.0203 (1)(b), Florida Statutes, the information submitted in a document to the Department of State information submitted in a document to the Department of State
reflective date is listed, the date must be at e of filing.) If the date inserted in this block does no ocument's effective date on the Department of the D	meet the applicable statutory filing requirements, this date will not of State's records. member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes dise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
effective date is listed, the date must be at of filing.) If the date inserted in this block does no ocument's effective date on the Department of the Depa	meet the applicable statutory filing requirements, this date will not state is records. member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes dise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

Page 2 of 2