L18000037540

| (Re | questor's Name) | |
|---|----------------------|-----------|
| (Ad- | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Name) | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



500308537125

03/05/18--01029--033 **155.00

FIL EL)
18 FEB -8 AM 10: 20

N CULLIGAN FEB 7 2018

COVER LETTER

| TO: New Filing Section . Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: FOWEY CAYS Prent-A-Cay UC 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: | | | | |
| Jorge Ernesto Tomasini Name of Person | | | | |
| Firm/Company | | | | |
| 755 Sand Creeln Circle | | | | |
| Western, FL 33327 City/State and Zip Code Code | | | | |
| For further information concerning this matter, please call: | | | | |
| Name of Person Area Code Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$ | | | | |
| | | | | |

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



February 7, 2018

JORGE ERNESTO TOMASINI 755 SAND CREEK CIRCLE WESTON, FL 33327

SUBJECT: POWERCARS RENT-A CAR, LLC

Ref. Number: W18000012391

We have received your document for POWERCARS RENT-A CAR, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 618A00002630

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| Power Cars Thert- | A-Carille |
| (Must contain the words "Limited Liability | Company, "L.L.C.," of "LLC.") |
| ARTICLE 11 - Address: The mailing address and street address of the principal office of t | he Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2 (del NW fath Are. Daral, FL 33/2) | 755 Sand (reely Cir. Wester, FL 3 3327 |
| | |

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:

| Miller | Ame | Ame

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..

red Agent's Signature (REQUIRED)

(CONTINUED)

| • • | The name and address of each pe | erson authorized to manage and control the Limited Liability Company: | | |
|---------------------------------------|--|--|-----------|---|
| | Title: "AMBR" = Authorized Member | Name and Address: | | |
| | "MGR" = Manager AM B | Jarge Ernsto Tumasmi 755 Sand (rech circle Weston, FL 33327 | | |
| | AMBP | Jose Hernavolt 8930 Parthside Estates Dr. Davic, FL 33328 | | |
| | | | | |
| | (Use attachment if necessary) | | | |
| If an ef he date <u>Note:</u> I | fective date is listed, the date mu of filing.) | the date of filing: | | |
| ARTICI | LE VI: Other provisions, if any. | CAR ARCA SCR. | FEB - 8 | |
| | REQUIRED SIGNATURE: | 707 71 87 87 87 | AM 10: 20 | C |
| | This document | e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S. | J | |
| | <u>Ja</u> | Typed or printed name of signee | | |

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)