0P07237090

| · |
|---|
| (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: |
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| |

Office Use Only



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10/01/19--01002--016 **125.00

J. FASON

SEP 3 0 2019

COVER LETTER

| | lew Filing Section Division of Corporations | | ٠. | | |
|-------------|---|--------------------|--|--|--|
| SUBJECT | Elite Car Rental LLC | | | | |
| 30bjuç, | | e of Limited Liab | pility Company | | |
| The enclos | sed Articles of Organization and f | ee(s) are submitte | ed for filing. | | |
| Please rett | urn all correspondence concerning | this matter to the | e following: | | |
| | Alex Pina | | | | |
| | | Name | of Person | | |
| | Alex Pina co. | | | | |
| | Firm/Company 8400 NW 36th St Ste 450 Address | | | | |
| | | | | | |
| | | | | | |
| | Doral, FL 33166 | | | | |
| | client@alexpina.co | City/State | and Zip Code | | |
| | E-mail address: (to | be used for future | e annual report notification) | | |
| For further | information concerning this matte | r, please call: | | | |
| | Alex Pina | 844 at (| 941-1120 | | |
| | Name of Person | Area Code | | | |
| Enclosed i | s a check for the following amour | it: | | | |
| \$125.00 F | _ | ee & \$155 | 5.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status & 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 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| y Company is: | | | | |
|---|--|--|--|--|
| <u>;</u> | | | | |
| ain the words "Limited ! | Liability Company. | "L.L.C.," or "LLC.") | | |
| ddress of the principal o | office of the Limited | Liability Company is: | | |
| al Office Address: | | Mailing Address: | | |
| | 6341 | 6341 NW 87th Avc | | |
| | Mia | Miami, FL 33178 | | |
| Alex Pina co. | Name | | | |
| Florida street addres | ss (P.O. Box <u>NOT</u> a | acceptable) | | |
| Doral | FL | 33166 Zip | | |
| agent and to accept serv . I hereby accept the app rovisions of all statutes r bligations of my position | nice of process for the pointment as register relating to the prope. as registered agent | e above stated limited liability company at the red agent und agree to act in this capacity. It rand complete performance of my duties, and I as provided for in Chapter 605, F.S | | |
| | ent, Registered Office, cannot serve as its own active Florida registered Alex Pina co. 8400 NW 36th St Ste Florida street address Doral City agent and to accept serve, I hereby accept the approvisions of all statutes rebligations of my position | ain the words "Limited Liability Company, ddress of the principal office of the Limited al Office Address: 634: Mian ent, Registered Office, & Registered Agent, active Florida registration.) address of the registered agent are: Alex Pina co. Name 8400 NW 36th St Ste 450 Florida street address (P.O. Box NOT a Doral FL City State agent and to accept service of process for the I hereby accept the appointment as register rovisions of all statutes relating to the properior agent and to accept service of grocess for the I hereby accept the appointment as register rovisions of my position as registered agent Registered Agent's Signa | | |

2019 SEP 30 PM 4: 39
SECREMAN OF STATE
TALL ASSEE, FL

| "AMBR" = Authorized Member | Name and Address: |
|--|--|
| "MGR" = Manager | |
| MGRM | Silvano B Buttaci |
| | 11480 NW 81th Ter |
| | Doral, FL 33178 |
| MGRM | Yennie A Quintero Buttaci |
| | 11480 NW 81th Ter |
| | <u>Doral, FL 33178</u> |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the c | ate of filing: (OPTIONAL) |
| n effective date is listed, the date must be | specific and cannot be more than five business days prior to or 90 days after |
| late of filing.) | |
| | ot meet the applicable statutory filing requirements, this date will not be listed a |
| document's effective date on the Departme | ent of State's records. |
| TICLE VI: Other provisions, if any. | |
| | |
| | |

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Yennie A Quintero Buttaci

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)
- \$ 5.00 Certificate of Status (Optional)