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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : 120070000019 Phone : (518)689-1212

Fax Number

: (518)432-0742

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

Email Address:	Emai	1 A	ddres	5:	
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FLORIDA LIMITED LIABILITY CO.

LuxCar Leasing LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Help

11: 0CT -8 FH 3: 57

Articles of Organization

for

Florida Limited Liability Company

ARTICLE I NAME

The name of the Limited Liability Company is:

LuxCar Leasing LLC

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

20200 W DIXIE HWY STE 902, AVENTURA FL 33180



ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

IGOR GRINSHPUN 20200 W DIXIE HWY STE 902, AVENTURA FL 33180

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

The name and address of each person authorized to manage and control the Limited Liability Company:

IGOR GRINSHPUN, Authorized Member 20200 W DIXIE HWY STE 902, AVENTURA FL 33180

October 7, 2021

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..

/s/ IGOR GRINSHPUN IGOR GRINSHPUN Registered Agent 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.

/s/IGOR GRINSHPUN IGOR GRINSHPUN Authorized Member

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