

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L22000260728

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.

(((H22000203509 3)))



H220002035093ABCX

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 : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED
 2022 JUN 10 PM 4:29
 DIVISION OF CORPORATIONS
 COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
 MIAMI STYLE CAR RENTAL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 JUN 10 AM 9:18
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI STYLE CAR RENTAL LLC

ARTICLE II - Address:

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

8811 SW 123RD CT APT #208 MIAMI
FL 33186

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

JESUS ELIAS NIFONE KHALE 8811 SW
123 RD CT APT #208 MIAMI, FL 33186

ARTICLE IV

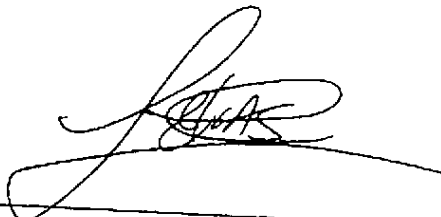
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

JESUS ELIAS NIFONE KHALE (AMBR)

SONIA KARINA KOUFATI KHALE (AMBR)

2022 JUN 10 10:51:18
FILED

Required Signatures:

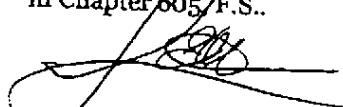


Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), 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.

JESUS ELIAS NIFONE VIALLE
Typed or printed name of signee

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..



Registered Agent's Signature (REQUIRED)

2022 JUN 10 AM 9:18
DEPARTMENT OF STATE
SECTION OF CORPORATIONS
ALLIANCE DRIVE

FILED