

11/1/23, 11:42 AM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : HARROD PROPERTIES INC.
Account Number : I20200000020
Phone : (813)229-1500
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Email Address: qmorris@harrodproperties.com

FLORIDA LIMITED LIABILITY CO.

Car Rental Capital LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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11/1/2023

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - NAME**Car Rental Capital LLC


(Must contain the words "Limited Liability Company," "L.L.C.", or "LLC.")

ARTICLE II - ADDRESSPRINCIPAL OFFICE ADDRESS:MAILING ADDRESS:Car Rental Capital LLCCar Rental Capital LLC5550 W. EXECUTIVE DRIVE, SUITE 5505550 W. EXECUTIVE DRIVE, SUITE 550TAMPA, FL 33609TAMPA, FL 33609**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**
(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

STELIOS MINOTAKIS5550 W. EXECUTIVE DRIVE, SUITE 550TAMPA, FL 33609

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)

(CONTINUED)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TITLE:

"MGR"=MANAGER

"AR" = AUTHORIZED REPRESENTATIVE

NAME AND ADDRESS:

AR

Michael Q. Morris
5550 W. EXECUTIVE DRIVE, SUITE 550
TAMPA, FL 33609

ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:

REQUIRED SIGNATURE:

(OPTIONAL)



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (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.

Michael Q. Morris

TYPE OR PRINTED NAME OF SIGNEE

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