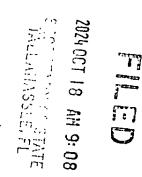
124000-48218

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Canada Instructions to	Cilian Officer	
Special Instructions to	Filing Officer:	
		ŀ
		,

Office Use Only



400432741054



MS

COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC		entals ELC.				
1217121	···	Name of	T imited Liab	ility Company		
The encle	osed Articles of	Organization and feet:	s) are submitte	ed for filing.		
Please re	turn all correspe	ondence concerning thi	s matter to the	following		
	Eric Unterbe	Гдег				
			Name o	of Person		
	Quik Car Re	ntals				
			Firm/C	ompany		
	1317 Edgewa	ater Dr #2227				
			Adı	lress		
	Orlando, FL	32804				
	eric.j.unterber	ger@gmail.com	City/State (ind Zip Code		
			used for future	annual report notificat	ion)	
For further	information co	ncerning this matter, p	lease call:			
	Eric	38	570	807 - 0221)		
	Nam	e of Person		Daytime Telephor	ne Number	
Enclosed	is a check for th	ne following amount:				
≡ \$125.0	00 Filing Fee	TIS130.00 Filing Fe Certificate of Status	. Certi	55 00 Filing Fee & fied Copy mal copy is enclosed)	7\$160.00 Fi Certificate of Certified Cop (additional cop	Status &
		g Address iling Section		Street Address New Filing Section D	ivision	200

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 2024 OCT 18 AH 9: 08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Quik Car Rentals LLC.	
(Must contain the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
TICLE II - Address:	
mailing address and street address of the princ	ripal office of the Limited Liability Company is:
Principal Office Address	s: <u>Mailing Address</u> :
1317 Edgewater Dr	1317 Edgewater Dr
#2227	#2227
Orlando, FL 32804 TICLE III - Registered Agent, Registered Orle Limited Liability Company cannot serve as i	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual o
Orlando, FL 32804 CTICLE III - Registered Agent, Registered O	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual elistration.)
Orlando, FL 32804 CTICLE III - Registered Agent, Registered One Limited Liability Company cannot serve as in other business entity with an active Florida region and the Florida street address of the reg	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual cistration.)
Orlando, FL 32804 CTICLE III - Registered Agent, Registered One Limited Liability Company cannot serve as in other business entity with an active Florida region and the Florida street address of the reg	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual clistration.)
Orlando, FL 32804 CTICLE III - Registered Agent, Registered One Limited Liability Company cannot serve as in other business entity with an active Florida region and the Florida street address of the reg	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual clistration.)
Orlando, FL 32804 CTICLE III - Registered Agent, Registered One Limited Liability Company cannot serve as in other business entity with an active Florida region and the Florida street address of the reg	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual cistration.)
Orlando, FL 32804 CTICLE III - Registered Agent, Registered One Limited Liability Company cannot serve as in other business entity with an active Florida region and the Florida street address of the reg	Orlando, FL 32804 Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an individual clistration.) istered agent are: Cxydx Name Genty J Iddress (P.O. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited hability company at the place designated in this certificate. Thereby 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2024 OCT 18 AM 9: 08

fitle:	Name and Address:
'AMBR" Authorized Member	Surfix und State State
'MGR" - Manager	Eric Unterberger 1317 Edgewater Di #2227 Orlando, FL 32804
Manager	Eric Unterberger
Manager	1317 Edgewater Di #2227
	Orlando, FL 32804
	, C.
	7)
	,
	
7,7	
ctive date is listed, the date must be sp	of filing:
ective date is listed, the date must be sp of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	occific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be listed.
ective date is listed, the date must be spot filing.) I the date inserted in this block does not ment's effective date on the Department E-VI; Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lister of State's records.
ective date is listed, the date must be spot filing.) I the date inserted in this block does not ment's effective date on the Department E-VI; Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be liste of State's records.
ective date is listed, the date must be spot filing.) I the date inserted in this block does not ment's effective date on the Department of the Department of the Department of a management of the Department of a management of the Department of a management of the Department of the	pecific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lister of State's records.
ective date is listed, the date must be spot filing.) I the date inserted in this block does not ment's effective date on the Department of the Department of the Department of a management of the Department of a management of the Department of a management of the Department of the	ember or an authorized representative of a member, the districted in accordance with section 605.0203 (1) (b), Florida Statutes, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
ective date is listed, the date must be spot filing.) I the date inserted in this block does not ment's effective date on the Department F. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is exect I am aware that any fals constitutes a third degree	meet the applicable statutory filing requirements, this date will not be listed of State's records. **Continuous of State of a member of an authorized representative of a member of an authorized representative of a member

\$ 5.00 Certificate of Status (Optional)