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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: PCR Venture of Ft. Lauderdale, LLC

(Name of corporation - must include suffix)

Dear Sir or Madam:

. ' .

> The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary Fulena		_			
	(N	ame of	Person)	7 . /	74
PCR Venture of Ft. La	uderdale,LLC			W05-281	74
	(Fi	irm/Co	mpany)		
450 Las Olas Blvd.					
······································		(Add	ress)	- 0	
Ft. Lauderdale, Fl. 333	301			OS JUH	
	(City	/State	and Zip code)	H H 2	and the second s
For further information	n concerning this matter, p	leas e d	all:	SUFE FLOW	(ruman)
David Baker	at (8	13) 546-6492	Diffe of	n 2
(Name of Pers			Code & Daytime Telepho	ne Number) 🈕	
STREET ADI Registration Se Division of Co 409 E. Gaines Tallahassee, Fl	ection rporations St.		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F	portion rporations	
Enclosed is a check for	the following amount:				
🗖 \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Statu		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &	

Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 7, 2005

GARY FULENA PCR VENTURE OF FT. LAUDERDALE LLC 450 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301

SUBJECT: PCR VENTURE OF FT. LAUDERDALE LLC Ref. Number: W05000028134

We have received your document for PCR VENTURE OF FT. LAUDERDALE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 005A00039946



Division of Comparations DO DOV 6207 Mellaharan Elevide 20214

Registration Section Division of Corporations 6-15-05

The enclosed application is a copy of the original that was sent earlier in the month, but rejected for lack of a Registered Agent being listed (Document # W05000028134). This copy now lists the Registered Agent. The payment of \$87.50 for the Filing Fee, Certificate of Status and the Certified Copy was included with the original application.

Please now process the application and notify us when it is complete.

Thank you for your help in this matter.

David Baker

General Manager PCR Venture of Ft. Lauderdale LLC 450 Las Olas Blvd. #1100 Ft. Lauderdale, Fl. 33301

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: PCR Venture of Ft. Lauderdale, LLC

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Poreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary Fulena

(Name of Person)

(Firm/Company)

	اير يريند اير -
450 Las Olas Blvd.	# 1100

PCR Venture of Ft. Lauderdale,LLC

(Address)

Ft. Lauderdale, Fl. 33301

(City/State and Zip code)

For further information concerning this matter, please call:

 David Baker
 at (813)
 546-6492

 (Name of Person)
 (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallalussee, FL 32314

Enclosed is a check for the following amount:

(7 \$70.00 Filing Fee	\$78.75 Filing Fee &	578.75 Filing Fee &	 \$87.50 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

W1 9: 5:

Jun 15 05 01:43p

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE, WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

١.	PCR Vonture of Ft. Lauderdale, LLC			
	(Enter name of corporation; must include "INCORPORAT. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED	" "COMPANY," "CORPORATION,"	
	•			
	(If name unavailable in Florids, onter alternate corporate na	inc	adopted for the purpose of transacting business in Florida)	
2.	Delaware	3.	83-0419766	
	(State or country under the law of which it is incorporated)		(FIII number, if applicable)	
4	February 16, 2005	5.	Perpetual	
	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "perpetual")	
6.				
	(Date first transacted busine #//OCSEE SECTIONS 607.1501 & 60	33 i 7.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	

7 450 las Olas Blvd., Ft. Laudordale, Fl. 33301

··	# 1100	(Principal office address	5)	
450 Las Olas	Blvd., Ft. lauderdale ,	FI. 33301Car Rental		Jui O
		(Current mailing address	z)	FC S TI
8. Car Rental				AHAN 2
	c(s) of corporation autho	rized in home state or coun	try to be carried out in state of Florida)	
9. Name and str	eet address of Florida	registered agent: (P.O. F	Box NOT acceptable)	
Name:	C.A	NTHONY RU	moRE	RE 5
Office Address:	450 LA	s oras Blui	M/100	DE F A
	FT. LAUD	RDALE,	Florida 33301	

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

(Cily)

Jun 15 05 01:43p

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A. DIRECTORS

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ector:	
ilrcss:	
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cclor:	
drcss;	

B. OFFICERS

President: Gary Fulena	
Address: 450 Las Olas Blvd., Ft. lauderdale, Fl. 33301	
Vice President:	
Address:	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · ·	20 ⁻²¹ . n
Secretary;	▶
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors.
13. And Alut	
(Signature of Director or Officer listed in number 12 of t	he application)
14. GARY FULENA	
(Typed or printed name and capacity of person signing	application)



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PCR VENTURE OF FT. LAUDERDALE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2005.

AH 9: 51



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et Smith Hind

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 3891071

DATE: 05-19-05