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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITCL SERVICES, INC.  
Account Number : I20160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
FL RENTAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2018 MAR 19 PM 2:08

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

18 MAR 19 AM 11:28

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Corporate Filing Menu

Help

S. WARREN

MAR 20 2018

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FL Rental LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Capitol Services - Corporate Filings Team

Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee FL 32301

City/State and Zip Code

viettimrco@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 855 ) 498-5500  
Name of Contact Person                      Area Code                      Daytime Telephone Number

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

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0203, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FL RENTAL LLC  
(Name of Foreign Limited Liability Company; does not include "Limited Liability Company," "LLC," or "LLC.")

AMV RENTAL LLC  
(If name unavailable, enter alternate name adopted for the purpose of conducting business in Florida. The alternate name does not include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(VOT number, if applicable)

4. 2/13/18  
(Date first transacted business in Florida; if prior to registration, see sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 400 NE 35 CT #3  
(Street Address of Principal Office)  
OAKLAND PARK FL  
33334

6. SAME  
(Mailing Address)

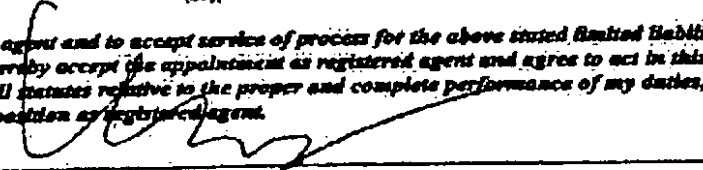
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)

Name: MIRCO VIETTI

Office Address: 400 NE 35 CT #3  
OAKLAND PARK, Florida 33334  
(City) (Zip code)

Registered agent's acceptance:  
 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 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)

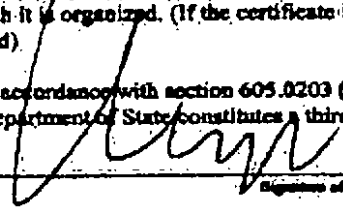
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>President</u>	<u>MIRCO VIETTI</u> <u>400 NE 35 CT #3</u> <u>OAKLAND PARK</u> <u>FL 33334</u>	<u>VP</u>	<u>AGATA VIETTI</u> <u>SAME</u>

(Use attachments if necessary)

9. Attached is a certificate of existence no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
(Signature of an authorized person)

MIRCO VIETTI  
Typed or printed name of signer

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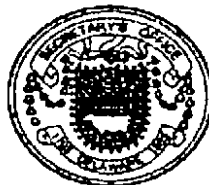
**Delaware**  
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FL RENTAL 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 FOURTEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FL RENTAL LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

6754931 8300

SR# 20181916555

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202319840

Date: 03-14-18

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