

M18000004617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

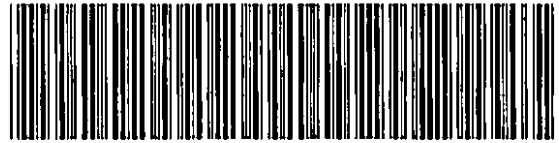
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/30/18--01043--029 \*\*130.00

2018 MAY 14 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2018

PETER HOSFIELD  
9138 BLUFFTON RD  
FT WAYNE, IN 46809

SUBJECT: PREMIER TRUCK RENTAL, LLC  
Ref. Number: W18000041349

We have received your document for PREMIER TRUCK RENTAL, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 718A00009096

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Premier Truck 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:

Peter Hosfield

\_\_\_\_\_  
Name of Person

Premier Truck Rental, LLC

\_\_\_\_\_  
Firm/Company

9138 Bluffton Road

\_\_\_\_\_  
Address

Fort Wayne, IN 46809

\_\_\_\_\_  
City/State and Zip Code

accounting@rentptr.com

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

For further information concerning this matter, please call:

Cassandra Potter

260

222-5563

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Premier Truck Rental, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Indiana 3. 47-1005633  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 05/01/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. Premier Truck Rental, LLC 6. Premier Truck Rental, LLC  
(Street Address of Principal Office) (Mailing Address)  
9138 Bluffton Road 9138 Bluffton Road  
Fort Wayne, IN 46809 Fort Wayne, IN 46809

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

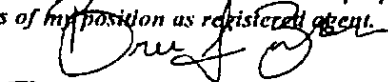
Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*



Bree Zahner, Asst. Secretary

(Registered agent's signature)

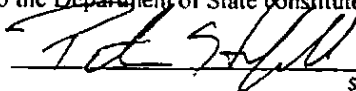
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CFO</u>	<u>Peter Hosfield</u> <u>9138 Bluffton Road</u> <u>Fort Wayne, IN 46809</u>	<u>Staff Accountant</u>	<u>Cassandra Potter</u> <u>9138 Bluffton Road</u> <u>Fort Wayne, IN 46809</u>
<u>Accounting Manager</u>	<u>Kari Lengacher</u> <u>9138 Bluffton Road</u> <u>Fort Wayne, IN 46809</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

Peter Hosfield

Typed or printed name of signer

FILED  
MAY 14 PM 2:13  
TALLAHASSEE, FLORIDA

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

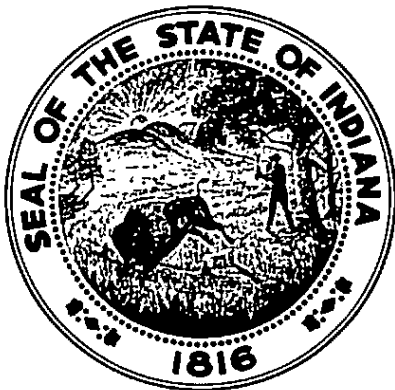
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**PREMIER TRUCK RENTAL LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 03, 2014, and was in existence or authorized to transact business in the State of Indiana on April 26, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 26, 2018

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2014060301155 / 2018601131

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 26, 2018.