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Certified Copies	Certificates of	of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 8,26324 COST LIMIT : \$ 125.00 ORDER DATE: July 21, 2022 ORDER TIME : 2:29 PM ORDER NO. : 826324-005 CUSTOMER NO: 7545934 FOREIGN FILINGS NAME: FLEXCAR, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER: ___

COVER LETTER

	Flexcar, LLC		
Name of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certifical referenced foreign limited liability company to transact business in Florida.	
ase return a	Il correspondence concerning this matter	to the following:	
	Cathryn Block		
		Name of Person	
	Avis Budget Group		
		Firm/Company	
	8790 Eaton Drive		
		Address	
	Northfield, OH 44067		
		City/State and Zip Code	
	cathryn.block@avisbudget.com		
	E-mail address: (to b	pe used for future annual report notification)	
or further info	ormation concerning this matter, please c	all:	
or further info	ormation concerning this matter, please c		
or further inf			
	Name of Contact Person	at () Area Code Daytime Telephone Number	
<u>Maili</u>	Name of Contact Person	at ()	
<u>Maili</u> Regi	Name of Contact Person ng Address: stration Section	at () Area Code Daytime Telephone Number Street Address: Registration Section	
<u>Maili</u> Regi Divi:	Name of Contact Person ng Address: stration Section sion of Corporations	at ()	
Maili Regi Divi: P.O.	Name of Contact Person ng Address: stration Section sion of Corporations Box 6327	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Maili Regi Divi: P.O.	Name of Contact Person ng Address: stration Section sion of Corporations	at ()	
Maili Regi Divi: P.O. Talla	Name of Contact Person ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 sed is a check for the following amount:	Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Maili Regi Divis P.O. Talla Enclo Please	Name of Contact Person ng Address: stration Section sion of Corporations Box 6327 thassee, FL 32314	at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED L'ABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Flexcar, LLC						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	Company," "L.L.C.," or "LLC.")			_
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	londa The	thernate name must include "Limited Liability	Company,"	"LLC," er	
Delaware 2. (Jurisdiction under the law of which foreign hunted liability company is organized.)		88-1430744 3. (FEI number, if applicable)				_
				,,		
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration tine penalty) iability)	-		
200 Pier Four Boules	vard	6.	200 Pier Four Boulevard (Mailing Address)			_
(Street Address of Principal Office)			(Mailing Address)			
Boston, MA			Boston, MA		<u> </u>	_
02210			02210	÷.	202	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> a	cceptable)	•	2 JUL 21	
Name:	Corporation Service Company			٠.	PH	
Office Address:	1201 Hays Street			`-	1:52	
	Tallahassee		32301 Florida	_		
	(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.

Corporation Service Company

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:Avis Mobility Ventures LLC	□Manager	Name: Oliver Foley
■Member	Address: 6 Sylvan Way	□Member	Address: 6 Sylvan Way
□Authorized	Parsippany, NJ	■Authorized	Parsippany, NJ
Person	07054	Person	07054
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		\square Authorized	
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Oliver 1	Folsy		
		Signature of an authorized person	
Oliver Foley			
		Typed or printed name of signee	

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLEXCAR, 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLEXCAR, LLC"
WAS FORMED ON THE FIFTEENTH DAY OF FEBRUARY, A.D. 2022.

THE TWENTY-FIRST DAY OF JULY, A.D. 2022.

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

Jeffrey W. Bullech, Secretary of State

Authentication: 203975165