12/20/22, 10:37 AM Division of Corporations

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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 : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

2022 DEC 20 11:40:00

Foreign Limited Liability Company
HYREDRIVE, LLC

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

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COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: HYBEDRIVE, 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 qualify the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Georgia Dorsam
Name of Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy. Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

managedreports@incorp.com
E-mail address to be used for future annual report notification

For further information concerning this matter, please call:

Georgia Dorsam on behalf of InCorp Services, Inc. 800-246-2677
Name of Individual Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE
☐ $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 605.0902, Florida Statutes, the undersigned limited liability company submits the following application for authorization to transact business in Florida.

1. HYREDRIVE, LLC
Name of foreign limited liability company as it appears on the records of the filing officer

2. Delaware
State or country under the laws of which the foreign limited liability company is organized

3. 11/22/2021
Date organized

4. 9/15/2022
Date authorized to transact business in Florida

5. 3350 SW 148th Ave
Principal office address

Suite 202

Miramar, FL 33027

6. 3350 SW 148th Ave
Mailing address

Suite 202

Miramar, FL 33027

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

Name: InCorp Services, Inc

Office Address: 17888 67th Court North

Loxahatchee FL 33470

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.

Isabel Burgos, on behalf of Incorp Services, Inc
Signature of registered agent

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5. For initial identity purposes, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage (up to six entries).

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐ Manager	Name: AmeriDrive Holdings, Inc.	☐ Manager	Name: HyreCar, Inc.
☑ Member	Address: 3350 SW 148th Ave	☑ Member	Address: 915 Wilshire Ave
☐ Authorized Person	Suite 202 Miramar, FL 33027	☐ Authorized Person	Suite 1950 Los Angeles, CA 90071
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Carlos Hernandez	☐ Manager	Name:
☑ Member	Address: 915 Wilshire Ave	☐ Member	Address:
☐ Authorized Person	Suite 1950 Los Angeles, CA 90071	☐ Authorized Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
☐ Authorized Person		☐ Authorized 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-listed individuals may be added to the order when filing your Florida Department of State Annual Report form.

6. 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. Date document is executed in accordance with section 605.0202(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State can subject me to penalties provided for in s. 817.155, F.S.

Signature of Authorized Person

Carlos Hernandez

Typed or Printed Name of Person

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HYREDRIVE, 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 OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYREDRIVE, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2021.

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

Jeffrey W. Bullock, Secretary of State

6417373 8300

SR# 20223774370

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204625921

Date: 10-14-22