| QF USE ON (Document) | |
|---|--|
| EX RESS CORPORATE FILING (Requestor's Name) | SERVICE INC. |
| 1000 PONCE DE LEON BLVD. | STE: 101 |
| (Address) CORAL GABLES, FL 33134 30 | 05-444-4994 |
| (City, State, Zip) (Phone | ** |
| | OFFICE USE ONLY |
| CODDOD A THOM NIA MEDICO O TO | SCHOOL STATE OF THE STATE OF TH |
| CORPORATION NAME(S) & DO | OCUMENT NUMBER(S) (if known): |
| 1. HUHO Kental (Corporation Name) | |
| 2. | (Document #) |
| (Corporation Name) | (Document #) |
| 3. (Corporation Name) | (Document #) |
| 4. | 三三三三三 |
| (Corporation Name) Walk in Pick up time | (Document #) Certified Copy |
| Mail out Will wait | Photocopy Certificate of Status |
| | |
| NEW FILINGS | AMENDMENTS |
| Profit | Amendment |
| NonProfit | Resignation of R.A., Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other | Merger |
| Approximately and the second | |
| OTHER FILINGS Annual Report | REGISTRATION 90004662659—5- QUALIFICATION 90004662659—5- |
| Fictitious Name | Foreign ******78.75 *****78.75 |
| Name Reservation | kimited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

| | MITCELL | | AU OIGHTOI | <u>.</u> | |
|------------------------------|--|-------------------------------|--------------------------------------|--------------------------|---|
| | | of | | | 4.0 % |
| | | | UCKS, INC. | | 700 |
| | (n | ame of corpor | ration) | | 至了 |
| _ | ned subscriber(s) to these Articles of ration under the laws of the State of | - | on, natural perso | on(s) com | petent to contract hereby |
| The name of | ARTICLE the corporation is: | I - CORPO | RATE NAME | | 10 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | AUTO REN | TALS & TE | RUCKS, INC. | | <u>ザ</u> |
| This corporat | ARTIO | CLE II - DU ssolved accor | • | law. | |
| The corporate the United St | ARTI ion is organized for the purpose of e ates and the State of Florida. | CLE III - Pl engaging in a | | ousiness p | permitted under the laws of |
| The corporate Dollar(s) (\$_ | ion is authorized to issueFI | VE HUNDRE | TAL STOCK Shares (ock, which shall | 500 be design |) of <u>ONE</u> nated "Common Shares". |
| The street add | ARTICLE V - INITIAL ress of the Initial Registered Agent | | | | |
| NAME | REBECA CASTRO | | <u> </u> | | |
| ADDRESS | 9730 SW 56 TERRACE | | | | , |
| CITY | MIAMI | STATE | FLORIDA | ZIP | 33173 |
| The principa | l office, if known, or the mailing ad | dress of the c | orporation is: | | |
| NAME | AUTO RENTALS & TRUCKS, | INC. | | | |
| ADDRESS | 9730 SW 56 TERRACE | | | | |
| CITY | MIAMI | STATE | FLORIDA | ZIP | 33173 |
| directors may | ARTICLE VI - INtion shall haveTWO y be either increased or diminished addresses of the initial director(s | from time to | direct time by the By-L | tors initia Laws, but | illy. The number of |
| NAME | REBECA CASTRO | PRESII | DENT | | |
| ADDRESS | 9730 SW 56 TERRACE | | | | |
| CITY | MIAMI | STATE | FLORIDA | ZIP | 33173 |
| NAME | CADIOC DE LA DIOMOA | WTCF 1 | DDCCTDCNT | | |

STATE

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33173

FLORIDA

CARLOS DE LA RIONDA

9730 SW 56 TERRACE

MIAMI

ADDRESS

CITY

NAME

ADDRESS

Date OCTOBER 30, 2001

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

| Re | AUTO RENTALS & TRUCKS, INC. , Inc. |
|---|---|
| | (name of corporation) |
| Gentlemen: | • |
| Enclosed please find check in the amount | the original and one copy of Articles of Incorporation, together with my of \$ |
| This represents the c Fee for Registered A | ost of the Filing Fees, Certified Copy of Articles of Incorporation and gent Designation for the above named corporation. |
| | Very truly yours, |
| | |
| | (individual's name) |
| | AUTO RENTALS & TRUCKS, INC. |
| | (name of corporation) |
| | MAILING ADDRESS OF CORPORATION |
| | 9730 SW 56 TERRACE |
| | MIAMI, FLORIDA 33173 |
| | PHONE |
| | (954) <u>680–1247</u> Area Code Phone Number Ext. |

Article VII - INCORPORATORS

| NAME | es and address | | | 2: | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | oration are a | | |
|---|---|--|--|--|---|---|---------------------------------------|---|
| | REBECA/ C | | <u> </u> | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |
| ADDRESS | 9730 SW 5 | o TERRACE | | ye was | | - 75 | - | <u>.</u> |
| · - · · · · · · · · · · · · · · · · · · | MIAMI | | STATE | FLORIDA | ZIP | 33173 | | |
| VAME ———— | CARLOS DE | LA RIONDA | | , | | | | |
| ADDRESS | 9730 SW 5 | 6 TERRACE | <u>.</u> | | | | | |
| CITY | MIAMI | | STATE | FLORIDA | ZIP | 33173 | | |
| NAME | | | | | ···· | | | - |
| ADDRESS | | | · · · · · · · · · · · · · · · · · · · | | · | - · · .i · · · · | | |
| CITY | | | STATE | | ZIP | _ _ | <u> </u> | - |
| | | × Kepre | ew C | usto, | | | (Seal) | |
| | | | | | | | | |
| STATE OF FLO | ORIDA | · | | | | | (Seal) | |
| COUNTY OF _ | MIAMI | <u> </u> |) SS | | | , 3 to | | * 4800 |
| COUNTY OF _ | MIAMI | thorized to take | SS . acknowledgm | ents in the State | and Cor | unty set forth | | *************************************** |
| COUNTY OF _ | MIAMI | <u> </u> | SS acknowledgm O AND CARI | OS DE LA R | IONDA | | | ***** |
| COUNTY OF _ | MIAMI | thorized to take | SS acknowledgm O AND CARI | OS DE LA R | IONDA | 73-968-0 | | - mark |
| COUNTY OF _ | MIAMI otary Public au cared: RE Signature | thorized to take | SS acknowledgm O AND CARI | OS DE LA R | IONDA 5-722- form of Ider | 73–968–0 ntification | | *-860 |
| COUNTY OF _ | MIAMI otary Public au eared: RE | thorized to take | SS acknowledgm O AND CARI | DL # C 236 | IONDA 5-722- form of Ider | 73–968–0 ntification -007–0 | | * mand |
| | MIAMI otary Public au eared: RI Signature | thorized to take | SS acknowledgm O AND CARI | DL # C 236 DL #D465-1 | 10NDA 5-722- form of Ider 06-48- form of Ider | 73–968–0 ntification -007–0 ntification | | *************************************** |
| pefore me, a No personally appe | MIAMI otary Public au eared: RE a Signature Signature | thorized to take BECA CASTR | SS acknowledgm O AND CARI FI. | DL # C 236 DL #D465-1 F | IONDA 5-722- Form of Ider 06-48- Form of Ider | 73–968–0 ntification -007–0 ntification | | · and |
| before me, a No personally apper | MIAMI otary Public au eared: RE Signature Signature vin to be the person | thorized to take BECA CASTR | SS acknowledgm O AND CARI FI Foregoing Articles les of Incorporation | DL # C 236 DL #D465-1 Foof Incorporation, what I relied upon that was not taken. | IONDA 5-722- form of Iden orm of Iden orm of Iden orm of control orm of control orm of control orm of control | 73-968-0 ntification -007-0 ntification diffication | ı above, | |
| before me, a No personally appe | MIAMI otary Public au eared: RE Signature Signature Signature over to be the person IEY rson as indi | (s) who executed the executed these each recated opposite each rec | SS acknowledgm O AND CARI FI. FI. foregoing Articles les of Incorporation name, and that an o | DI. # C 236 F DL #D465-1 F of Incorporation, what I relied upon the | IONDA 5-722- form of Iden orm of Iden orm of Iden a scknowle he form | 73–968–0 ntification -007–0 ntification diffication dged before of identifica | tion | |

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

| AUTO RENTALS & TRUCKS, INC. | | |
|--|---------|---|
| (name of corporation) | | |
| | | |
| | | |
| Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation | | |
| at 9730 SW 56 TERRACE | | - |
| MIAMI, FLORIDA 33173 | | |
| has named REBECA CASTRO | • . | |
| located at the aforesaid address, as its Registered Agent to accept service of process | | |
| within this state. | | |
| | | |
| ACKNOWLEDGEMENT | | |
| | | |
| Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with | | |
| the obligations of that position, I hereby accept to act in this capacity, and agree to | | |
| comply with the provisions of Florida Law in keeping open said office. | 0 TA | |
| \ | LCC N | |
| x Rebier Casto. | HASS | |
| (registered agent) | SEE | |
| | | |
| | SA C | |
| | D.F | |

FORM 215: CERTIFICATE & ACKNOWLEDGEMENT REGISTERED AGENT