P13000009629

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				

Office Use Only



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01/09/13--01020--017 **78.75

13 JAN 29 PH 2: 45
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

TO 1/30/13

W13-2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 10, 2013

MICHAEL GOLDBERG 9973 SWEETLEAF STREET ORLANDO, FL 32827

SUBJECT: FLORIDA RENTAL VAN COMPANY

Ref. Number: W13000002018

We have received your document for FLORIDA RENTAL VAN COMPANY and your check(s) totaling \$78.75. 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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 613A00000763

Division of Compositions DO POV 6227 Tollahagasa Florida 2221

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Flor	ida Rental Van (Company TE NAME - MUST INCL	UNE SUCCESS
	(PROPOSED CORPORA	TTE NAME - MOST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
M	lichael Goldberg		
FROM:	Nam	e (Printed or typed)	
99	973 Sweetleaf St		
0	rlando FL 32827	Address	
		, State & Zip	
40	07-438-8010		
	Daytime 1	Celephone number	
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ICLE I NA	INCIDAL OPPICE			
	Principal street address	1	Mailing address, if different is:	
	el Avenue			
lando, Fl	_ 32809		· · · · · · · · · · · · · · · · · · ·	
ICLE III PU	RPOSE Van F	Pental's		
ourpose for which	the corporation is organized is: Van F	Contains		
<u> </u>			<u> </u>	
			ASS 29	
			<u> </u>	
			RED/	
TICLE IV SH	IARES 2 of stock is:		코스 +	
number of shares of	of stock is: ITIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	RIOA LS	
number of shares of shares of the shares of the share and Ti	of stock is:	Name and Title	RIOA LS	
number of shares of	of stock is:	RS Name and Title Address:	RENEE GOLDBERG/S	
number of shares of shares of the shares of the share and Ti	of stock is:	Name and Title	RENEE GOLDBERG/S	
number of shares of TICLE V IN Name and Ti Address	of stock is: ITIAL OFFICERS AND/OR DIRECTO the: Michael Goldberg/PVD 9973 SWEETLEAF STREET ORLANDO, FL 32809	Name and Title Address:	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	
number of shares of the result	of stock is:	Name and Title Address: Name and Title	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	
number of shares of TICLE V IN Name and Ti Address	of stock is: ITIAL OFFICERS AND/OR DIRECTO the: Michael Goldberg/PVD 9973 SWEETLEAF STREET ORLANDO, FL 32809	Name and Title Address: Name and Title	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	
number of shares of the result	of stock is: ITIAL OFFICERS AND/OR DIRECTO the: Michael Goldberg/PVD 9973 SWEETLEAF STREET ORLANDO, FL 32809	Name and Title Address: Name and Title Address:	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	
Name and Tit Address Address	of stock is: ITIAL OFFICERS AND/OR DIRECTO the: Michael Goldberg/PVD 9973 SWEETLEAF STREET ORLANDO, FL 32809	Name and Title Address: Name and Title Address: Address:	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	
Name and Tit Address Address	of stock is: ITIAL OFFICERS AND/OR DIRECTO the: Michael Goldberg/PVD 9973 SWEETLEAF STREET ORLANDO, FL 32809	Name and Title Address: Name and Title Address: Address:	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	
Name and Tit Address Address	of stock is: ITIAL OFFICERS AND/OR DIRECTO the: Michael Goldberg/PVD 9973 SWEETLEAF STREET ORLANDO, FL 32809	Name and Title Address: Name and Title Address: Name and Title Address: Name and Title	RENEE GOLDBERG/S 16555 WHITE ORCHID LANE DELRAY BEACH, FL 3344	



Name and	I Title:	Name and Title:
Address		Address:
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	MICHAEL GOLDBERG	
Address:	9973 SWEETLEAF ST.	IAS :
· · · · · · · · · · · · · · · · · · ·	ORLANDO, FL 32809	S JAN
ARTICLE VII	INCORPORATOR	29 PM ASSEE, F
The name and ad	dress of the Incorporator is:	ELON FILON
Name:	MICHAEL GOLDBERG	. IDE 6
Address:	9973 SWEETLEAF STREET	
	ORLANOD, FL 32809	-
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in existered agent and agree to act in this capacity \mathcal{Q}/\mathcal{J}
	Required Signature/Registered Agent	Date
I submit this doc	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	
-11/11	day souller	1/2/13
-	Regimes Signature/Incorporator	Date
	/	