

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
EXPRESS AUTO RENTAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

2/20/2014

MD 2/21

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COVER LETTER

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

SUBJECT: Express Auto Rental, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Nicole S. Dandridge, Esq. @ Tools For Change
Name (Printed or typed)

180 NW 62nd Street
Address

Miami, FL 33150
City, State & Zip

305.401.7638
Daytime Telephone number

tony@labosstransport.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME
The name of the corporation shall be: Express Auto Rental, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

5191 NW 109th Avenue
Sunrise, FL 33351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful purposes.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Berthony Labossiere, President
Address: 5191 NW 109th Ave.
Sunrise, FL 33351

Name and Title: Paul R. Beauzil, Vice President
Address: 5191 NW 109th Ave.
Sunrise, FL 33351

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Berthony Labossiere
Address: 5191 NW 109th Avenue
Sunrise, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Berthony Labossiere
Address: 5191 NW 109th Avenue
Sunrise, FL 33351

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:

Berthony Labossiere 2/7/14
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153, F.S.

Berthony Labossiere 2/7/14
Required Signature/Incorporator Date

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