

P190000019483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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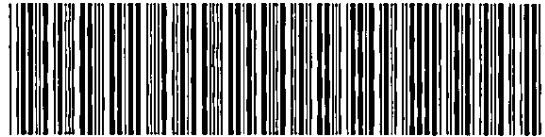
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TREASURY DIVISION

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COVER LETTER

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

SUBJECT: Pro 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Dzmitry Haidai
Name (Printed or typed)

12386 State Rd. 535 STE 266
Address

Orlando, FL 32836
City, State & Zip

305-985-1407
Daytime Telephone number

investmentgroupholders@gmail.com
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: Pro Auto Rental, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12386 State Rd. 535

STE 266

Orlando, FL 32836

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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MIAMI, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREI GAIDAI, P

Name and Title: DZMITRY HAIDAI, VP

Address: 8801 NW 12th CT.
Miami, FL 33147

Address: 8801 NW 12th CT.
Miami, FL 33147

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: DZMITRY HAIDAI
Address: 12386 State Rd. 535 STE 266
Orlando, FL 32836

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SECRETARY OF STATE
ATTN: ASSESSOR
TALLAHASSEE, FL 32310

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DZMITRY HAIDAI
Address: 12386 State Rd. 535 STE 266
Orlando, FL 32836

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/04/19. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

03/04/2019

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.817.155, F.S.