

4/13/2021

Division of Corporations

P210001468623200

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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)420-5722
Fax Number : (305)643-5225

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

Email Address: cea.saepechado@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
FURIOUS RIDES RENTALS CORP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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DIVISION OF CORPORATIONS
FLEXFILE

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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: FURIOUS RIDES RENTALS CORP
INC

ARTICLE II. PRINCIPAL OFFICE

Principal street address

1616 N FLORIDA MANGO RD

WEST PALM BEACH FL 33409

Mailing address, if different is:

ARTICLE III PURPOSE

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

2021 APR 13 PM 3:13

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cesar Pichardo - President

Name and Title: Jorge Castro - Vice President

Address 1616 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409

Address: 1616 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Cesar Pichardo
Address: 1616 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Cesar Pichardo
Address: 1616 N FLORIDA MANGO RD
WEST PALM BEACH FL 33409

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Cesar Pichardo
Required Signature/Registered Agent

04-13-2021
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.

Cesar Pichardo
Required Signature/Incorporator

04-13-2021
Date

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