P21000043325

5/11/2021 Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: amoshe19@gmail.com

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FLORIDA LIMITED LIABILITY CO.
SAR FL CORP

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Estimated Charge	$125.00

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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: SAR FL CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1801 NE 123rd Street, Suite #314, North Miami, FL 33181

Mailing address, if different is: 1617 63rd Street, Brooklyn, NY 11204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Car Rental

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alter M. Zellemaier, President

Address: 1801 NE 123rd Street, Suite #314, North Miami, FL 33181

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: Alter M. Zellemaier

Address: 1801 NE 123rd Street, Suite #314

North Miami, FL 33181

ARTICLE VII INCORPORATOR

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

Name: Alter M. Zellemaier

Address: 1801 NE 123rd Street, Suite #314

North Miami, FL 33181

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 business days prior or 90 business 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

/s/ Alter M. Zellemaier — 5/11/2021

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.817.155, F.S.

/s/ Alter M. Zellemaier — 5/11/2021

Required Signature/Incorporator — Date