

7/16/2021

Division of Corporations

P2100006533

Florida Department of State  
Division of Corporations  
1901 North Hill Street  
Tallahassee, Florida 32309

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC  
Account Number : I20190000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

\*\*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  
ES RENT A CAR USA CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

JUL 19 2021

T. SCOTT

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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: ES RENT A CAR USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1549 NE 123RD STNORTH MIAMI, FL 33161**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE L SARUE-P

Name and Title: \_\_\_\_\_

Address 1549 NE 123RD ST

Address: \_\_\_\_\_

NORTH MIAMI, FL 33161

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
2021 JUL 16 AM 9:44  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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: JORGE L SARUE  
Address: 1548 NE 123RD ST  
NORTH MIAMI, FL 33161**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JORGE L SARUE  
Address: 1548 NE 123RD ST  
NORTH MIAMI, FL 33161**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*

X

X

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.*

X

X

Required Signature/Incorporator

Date

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: JORGE L SARUE  
Address: 1549 NE 123RD ST  
NORTH MIAMI, FL 33161

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JORGE L SARUE  
Address: 1549 NE 123RD ST  
NORTH MIAMI, FL 33161

**ARTICLE VIII EFFECTIVE DATE:**

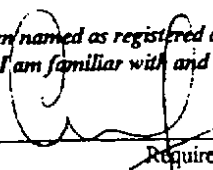
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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*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*

X

  
\_\_\_\_\_  
Required Signature/Registered Agent

X

\_\_\_\_\_  
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.*

X

  
\_\_\_\_\_  
Required Signature/Incorporator

X

\_\_\_\_\_  
Date