

From: Olive | Judd, P.A.
3/16/22, 10:26 AM

Fax:

To: 18506171@ocr.state.com Fax: (850) 617-6381

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03/16/2022 10:29 AM

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Florida Department of State
Division of Corporations
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Division of Corporations
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From:
Account Name : OLIVE JUDD, P.A.
Account Number : I20200000171
Phone : (954)334-2250
Fax Number : (888)503-5258

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Fast Lane Car Rental, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

4/1

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COVER LETTER

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

SUBJECT: Fast Lane Car 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:** Kristy E. Armada, Esq./Olive Judd, P.A.

Name (Printed or typed)

2426 East Las Olas Boulevard

Address

Fort Lauderdale, FL 33301

City, State & Zip

954-334-2250

Daytime Telephone number

karmada@olivejudd.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 NAMEThe name of the corporation shall be: Fast Lane Car Rental, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

11431 SW 20 Street11431 SW 20 StreetMiramar, FL 33025Miramar, FL 33025**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: The Corporation shall engage in any activity or business
permitted under the laws of the United States and of the State of Florida.**ARTICLE IV SHARES**The number of shares of stock is: 100 shares.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Vides Guerrero Francisco Ernesto

Name and Title: _____

Director

Address

Address: _____

11431 SW 20 StreetMiramar, FL 33025

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: Olive Judd, P.A.Address: 2426 East Las Olas BoulevardFort Lauderdale, FL 33301**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Kristy E. ArmadaAddress: 2426 East Las Olas BoulevardFort Lauderdale, FL 33301**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*Kristy Armada
Required Signature/Registered AgentMarch 14, 2022

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.*Kristy Armada
Required Signature/IncorporatorMarch 14, 2022

Date

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