6/24/24, 9:11

Division of Corporations

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(((H24000216888 3)))



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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.

| C1 | Address: | | | |
|-----------|----------|--|--|--|
| 1 m - 1 ! | annress: | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION MULTI SERVICE CAR RENTAL CORP

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

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corporat | ion shall be: MULTI SERVICE CAR RE | NTAL CORP | |
|---|------------------------------------|-----------------------------------|---|
| 13450 SW 178TH ST MIAMI, FL 33177 | Principal <u>street</u> address | Mailing address, if different is: | |
| ARTICLE III PURPO The purpose for which the ANY AND ALL LAWFU | ne corporation is organized is: | | |
| | | | 2 |
| ARTICLE IV SHARI The number of shares of s ARTICLE V INITIA Name and Title Address | L OFFICERS AND/OR DIRECTORS | | FILED 2024 JUN 25 AM 10: \$2 3EGRETARY OF STATE A LAHASSEE, FLORIE |
| Name and Title: Address | | Name and Title: Address: | |
| Name and Title: Address | | | |
| | | | |

| Name ar | nd Title; | Name and Title: | |
|--|--|---|---|
| Address | s | Address: | |
| | | | |
| | | | |
| | REGISTERED AGENT | | |
| Name: | lorida street address (P.O. Box NOT acceptable JOHN FERNANDO OROZCO SERNA | | |
| Address: | 13450 SW 178TH ST | | |
| | MIAMI. FL 33177 | | |
| | | | |
| | <u>INCORPORATOR</u> | | |
| The name and a | ddress of the Incorporator is: | | |
| Name: | JOHN FERNANDO OROZCO SERNA | | |
| Address: | 13450 SW 178TH ST | | |
| | MIAMI, FL 33177 | | |
| Effective date, if | EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and can | . (OPTIO) nnot be more than five di | NAL) ays prior or 90 days after the |
| | inserted in this block does not meet the applica ffective date on the Department of State's recor | | ments, this date will not be listed as |
| Having been nan certificate, I am f | ned as registered agent to accept service of proces familiar with and accept the appointment as regis | is for the above stated corporered agent and agree to a | oration at the place designated in thi ct in this capacity |
| Χ | April 1 | | 06/21/2024 |
| | Required Signature/Registered Agent | | Date |
| | cument and affirm that the facts stated herein o Department of State constitutes a third degree fe | | |
| Χ | | | 06/21/2024 |

To Fax: (850) 617-6381

Page: 3 of 3 06/24/2024 9:12 AM

Date

From: Robert Fanjul

Fax: 18775036086

Required Signature/Incorporator