State of Rhode Island and Providence Plantations **Department of State - Business Services Division**

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

THRIFTY RENT-A-CAR SYSTEM, LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of:

Oklahoma

06/22/2016

And the period of its duration is: CHECK ONLY ONE BOX

× Perpetual (on-going)

Date certain for dissolution

3. The date of its organization is:

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name C T Corporation System

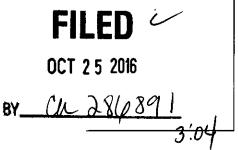
liability company is organized is:

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

Zip Code 02914 City/Town State East Providence RHODE ISLAND 5. The Department of State is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence. 6. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited

5601 Northwest Expressway, Oklahoma City, OK 73132

MAIL TO: **Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 450 - Revised: 05/2016

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1.	The mailing	address	10I	me	imited	naomty	company	y 15:

8501 Williams Road, Estero, FL 33928

8. Management of the Limited Liability Company:

The limited liability company is managed:

By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS	
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	ied by a Certificate of Good Standing/Lett of which it is formed that is dated within 6	ter of Status issued by the proper officer of the i0 days of the filing of this document.
10. Date when this application f	or Certificate of Registration will be effect	ive: CHECK ONLY ONE BOX
X Date received (Upon filing)		
Later effective date (Date n	nust be no more than 30 days from the da	ay of filing)
	re and affirm that I have examined this A d that all statements contained herein are	
Type or Print Name of LLC		Date
Jennifer Kurz	. 1/	10/24/2016
Signature of Authorized Person	JR-	
	1	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>THRIFTY RENT-A-CAR SYSTEM</u>, LLC whose registered agent is <u>THE CORPORATION COMPANY</u>, with its registered office at <u>1833 S MORGAN RD OKLAHOMA CITY 73128 USA</u> Oklahoma is a <u>Domestic</u> <u>Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>24th</u>, day of <u>October</u>, <u>2016</u>.

Secretary Of State



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

Tulli U. Hole

Nellie M. Gorbea Secretary of State

