F01000001027

January 16, 2001

Registration Section Division of Corporations P. O. Box 6327 Tallahassee FL 32314

Re:

Griffin Rentals, Inc.

IL File #6125-874-4

000003575020---7 -01/25/01--01081--006 ******78.75 ******78.75

WOI-2360

Dear Sir or Madam:

Enclosed please find a completed Transmittal Letter, Application by Foreign Corporation for Authorization to Transact Business in Florida; Letter of Good Standing from the State of Illinois, and our check in the amount of \$78.75 to cover your fees.

If you have any questions or need additional information, please feel free to call me at home at 863/853-9252 or on my cell phone at 863/660-0155. Thank you for your assistance in this matter.

Sincerely,

Angela P. Griffin

Enclosures

FILED

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SECRETARY OF STATE
TAIL SHARES ELLELOWNA

nth 2/22

TRANSMITTAL LETTER

| Division of Corporations |
|--|
| SUBJECT: GRIffin Rentals Inc. |
| (Name of corporation - must include suffix) |
| Dear Sir or Madam: |
| |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Angelo Griffin |
| (Name of Person) |
| Griffin Rentals, Inc. |
| (Firm/Company) |
| 1609 Yorkshire Trail (Address) Lakeland F1 33809 |
| (Address) |
| Lakeland FL 33809 |
| (City/State and Zip code) |
| 22 T |
| For further information concerning this matter, please call: |
| Angela Criffin at (863) 683-6511 (work) = (Area Code & Daytime Telephone Number) |
| |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 14, 2001

ANGELA P GRIFFIN 1609 YORSHIRE TRAIL LAKELAND, FL 33809

SUBJECT: GRIFFIN RENTALS, INC.

Ref. Number: W01000002360

We have received your document for GRIFFIN RENTALS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

You can add anything to the name to make a difference, but Of Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 001A00009171

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned Angela T. GRIFFin , do hereby certify (Name) |
|---|
| that this Resolution of the Board of Directors of GRIHIN Rentals, Inc. |
| (Corporate Name) a corporation duly organized and existing under the laws of the State of, |
| was duly adopted on 09/21/00 Be it resolved, that GRIFFIN Rentals Inc. (Corporate Name) |
| organized and existing in the State of Illinois, hereby adopts the name of Griffin Rentals of Illinois, Inc. for use in Florida. Dated: 17 Feb. 01 |
| Signature of eather Chairman, Vice Chairman or any officer Angela J. Griffin Type or print name |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. |
|--|
| Griffin Rentals, Inc. |
| (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) |
| 2. <u>Ilinois</u> 3. <u>36-4393/34</u> (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| (State of country under the law of which it is incorporated) (FEI number, if applicable) |
| (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") |
| |
| (Date first transacted dusiness in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| . 1609 YORKShire Trail, Lakeland FL 33809 |
| (Principal office address) |
| · Same as above |
| The transaction of any and all lawful business for which |
| CORPORATIONS can be incorporated under the 11 Box Con A: A: |
| The state of the s |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| (Current mailing address) The transaction of any and all lawful business for which corporations can be incorporated under the IL Business Corporation Aci (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) |
| Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: Stephen R. Senn, Ess. Office Address: Name: Clo Peterson, Myers 100 E Main 5t. |
| Name: Stephen R. Senn, Es. Office Address: Office Addre |
| Name: Stephen R. Senn, Ess. Office Address: Name: Clo Peterson, Myers 100 E Main 5t. |
| Name: Stephen R. Senn, Ess. Clo Peterson, Myers Lakeland FL 33802, Florida 33802 (City) Name: Address: (P.O. Box or Mail Drop Box NOT acceptable) Not acceptable Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Replace Registered agent: (P.O. Box or Mail Drop Box or Mail |
| Name: Stephen R. Senn, Esp. Office Address: Clo Peterson, Myers City) Registered agent's acceptance: (City) Registered agent and to accept service of process for the above stated corporation at the place |
| Name: Stephen N. Senn, Es. Office Address: Clo Peterson, Myers (City) ORegistered agent's acceptance: Claving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I |
| Name: Stephen R. Senn, Esp. Office Address: Clo Peterson, Myers City) Registered agent's acceptance: (City) Registered agent and to accept service of process for the above stated corporation at the place |
| Name: Stephen N. Senn, Ess. Clo Peterson, Myers City Hong FL 33802, Florida 3802 (City) O. Registered agent's acceptance: Laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my |
| Name: Stephen N. Senn, Ess. Clo Peterson, Myers City Hong FL 33802, Florida 3802 (City) O. Registered agent's acceptance: Laving been named as registered agent and to accept service of process for the above stated corporation at the place esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relative to the proper and complete performance of my |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS Chairman: None Vice Chairman: None Address: Director: None Address: Director: _____None B. OFFICERS President: Howard J. Griffin Address: 1609 Yorkshire Trail Lakeland FL 33809 Vice President: Secretary: Angela 7 Griffin Yorkshire Trail, Lakeland FL 33809 Treasurer: Howard J. Griffin Address: 1609 YORKShire Trail, Lakeland FL 33809 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Hucela 7. CRHin, SECRETORY (Typed or printed name and capacity of person signing application)

File Number 🔔



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

hereby certify that

CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE SEPTEMBER





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|--------------|------------------|-----------|---|----|
| my hand an | d cause to be af | fixed the | Great Seal of | • |
| the State of | Illinois, this _ | · | 9TH | _ |
| day of | JANUARY | AD | 2001 | |