

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:	SUBJECT: Hoffman (Name of Open Sir or Madam:	f corporation - must include suffix)
(Name of corporation - must include suffix)  Dear Sir or Madam:  105/26/01—01043  *****70.00 ****  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:  105/26/01—01043  ******70.00 ****  (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:  105/26/01—01043  *******70.00 ****  105/26/01—01043  ***********************************	(Name of Dear Sir or Madam:	f corporation - must include suffix)
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(City/State and Zip code)  STREET ADDRESS: Registration Section Division of Corporations  (Name of Person)  (Name of Per	to transact business in Florida.	
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(Firm/Company)  23 400 COUNTY FO 10 CORCORAN MW 5535  (Address)  (City/State and Zip code)  For further information concerning this matter, please call:  (Name of Verson)  (Area Code & Daytime Telephone Number)  STREET ADDRESS:  Registration Section Division of Corporations 409 E. Gaines St.  (Address)		(Name of Person)
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Registration Section  Division of Corporations  Division of Corporations  Division of Corporations  P.O. Box 6327	(Name of Person) at	(Area Code & Daytime Telephone Number)
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Certificate of Status

Certified Copy

Certificate of Status Certified Copy 9

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

· Marco
1. HOFFMAN SALEC & LEAGUE THE
1. HOFFINAN SALES ! LEASURE TAKE (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate the it is
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 1/1000 0000
2. 11 honesott 3. 41-192595
2. State or country under the law of which it is incorporated)  3. 41-1935-95  (FEI number, if applicable)
1 12/22/00
5. TERPETURE
4. 13/33/95 (Date of incorporation)  5. (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, If companies by
(SEE SECTIONS 607 1501 (07 1502 ) 1007 1508 (1997)
7. 23400 COUNTY RD 10 CORCORAN MW 5535-, (Principal office address)
(Principal office address)
CA
THINE
(Current mailing address)
8. LEASING OF Vehicles
8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(1 depose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: BRUCE DELAND  Office Address: 1044 Part = 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
or Fiorida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: BRUCE MELAND
NEW P
Office Address: 104 RIVERSIDE DR STE 702
Office Address: 104 KINERCIDE DR STE 702  LOCA , Florida 32933  (City) (Zip code)
(Circ), Florida 33433
(Zip code)
10. Registered agent's acceptance:
Having heen named as registered as set and the
Having been named as registered agent and to accept service of process for the above stated corporation at the place
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I  further agree to comply with the provisions of all statutes relatives and agree to act in this capacity. I
luties, and I am familiar with and accept the obligations of my position as registered agent.
XAR (V IIIIVV)
— <u> </u>
(Registered agent's signature)

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: \_\_ Vice Chairman: Address: \_\_ Director: \_ Address: \_\_\_ Director: Address: **B. OFFICERS** Vice President: Address: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

# state of Minnesota

#### **SECRETARY OF STATE**

#### Certificate of Good Standing

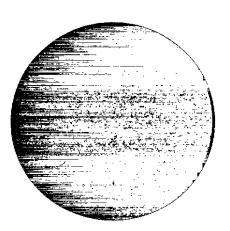
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Hoffman Sales & Leasing, Inc.

Date Formed: 12/23/1998

Chapter Governed By: 302A

This certificate has been issued on 06/21/01.



Mary Kiffmages
Secretary of State.

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SEPAHASSEE FLORIDA