FOI 0000003773

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Verifier			
W.P. Verifier		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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.

(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 125 S. 84th Street, Suite 200 Milwaukee, WI 53214 (Current mailing address) To conduct any lawful purpose. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) ame and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT Corporation System De Address: 1200 South Pine Island Road Plantation Plantation Plantation Florida, 33324 (Zip code)	tural person or partnership if not so co	oomanaa maa maana aa pa aa
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ving been named as registered agent and to accept service of process for the above stated corporation at the place designated samplication. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply	(Purpose(s) of corporation author Name and street address of Florid Name: CT Corporation System fice Address: 1200 South Pine Island Plantation Registered agent's acceptance:	da registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
ving been named as registered agent and to accept service of process for the above stated corporation at the place designated of application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply h the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc	(Purpose(s) of corporation author Name and street address of Florid Name: CT Corporation System fice Address: 1200 South Pine Island Plantation Registered agent's acceptance: eving been named as registered agent as application, I hereby accept the appoint	da registered agent: (P.O. Box or Mail Drop Box NOT acceptable) m d Road , Florida, 33324 (Zip code) , Florida, 23324 (Zip code) and to accept service of process for the above stated corporation at the place designate ointment as registered agent and agree to act in this capacity. I further agree to comp
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12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019-9/2/99 CT System Online

which it is incorporated.

A. DIREC	TORS (Street address only - P.O. Box NOT acceptable)					
Chairman:	G.W. "Bill" Dietrich		· · - <u></u>			
Address: _	125 South 84th Street, Suite 200			· ·		
	Milwaukee, WI 53214					
Vice Chairn	oan:					
Address:		-		de Tink e		
_		<u>-</u>				
Director: _	George K. Farr	-				
Address:	125 South 84th Street, Suite 200					
_	Milwaukee, WI 53214					
Director: _	Paul R. Jenks					
Address:	125 South 84th Street, Suite 200					
	Milwaukee, WI 53214					
B. OFFIC	ERS (Street address only - P.O. Box NOT acceptable)	SE SE				
President: _	Paul R. Jenks	F9 .		<u> </u>		
Address:	125 South 84th Street, Suite 200	AHAS HAS		-		
_	Milwaukee, WI 53214	338 0 XX	П			
Vice Preside	Assistant Secretary: Scott S. Cramer	FLO FLO				
Address:	125 South 84th Street, Suite 200	ORIDA ORIDA	П Л			
	Milwaukee, WI 53214					
Secretary: _	Karen K. Duke					
Address:	125 South 84th Street, Suite 200			ry e e souere		
	Milwaukee, WI 53214			SALITATION AND A		
Treasurer: _	George K. Farr Assistant Treasurer: Rap	ohael B.	Bruckert			
Address:	125 South 84th Street, Suite 200 Address: 125 South 84th) .		
	Milwaukee, WI 53214 Milwaukee, WI			F		
NOTE: If a	necessary, you may attach an addendum to the application listing additional officers and/or direct					
12	20. 1)	UIS.				
15. 10/1	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application	n)		- 8 8.		
14. K a	ren K. Duke, Secretary		<u> </u>			
(Typed or printed name and capacity of person signing application)						

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United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

ONYX LEASING CORP.

is a domestic corporation organized under the laws of this state and that its date of incorporation is JUNE 21, 2001.

I further certify that said corporation has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats.; and that said corporation has not filed articles of dissolution.

The state of Wisconstant

IN TESTIMONY WEIGHT I have hereunto set my hand and affixed the official seal of the Department on July 13, 2001

RAY ALLEN, Administrator

Division of Corporate & Consumer Services

Department of Financial Institutions

BY: Patrica Velle

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.