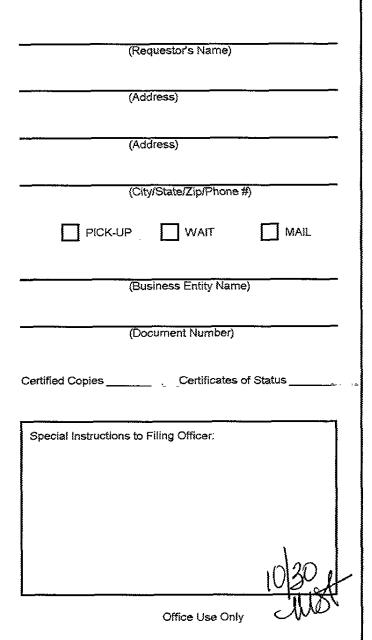
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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor	norations		-
	BAT LEASI	NG CORPOR	NOITAS
SUBJECT: '5	(Name of corporati	on - must include suffix)	,
	Ç ilini i	·	
Dear Sir or Madam:			
The enclosed "Applicat "Certificate of Existenc to transact business in F	ion by Foreign Corporation for e", and check are submitted to lorida.	Authorization to Transact E register the above referenced	Business in Florida", d foreign corporation
Please return all corresp	ondence concerning this matte	er to the following:	
$\smile_{\mathcal{C}}$	An F Kirby	(Jack	()
	(Name o	f Person)	
BF	Name of SIT Leasing (Firm/Cos Box 3127) (Add harlotte, No. (City/State)	Corporation	Z _C
	(Firm/Co	ompany)	30 LA:
70	130x 3127	3	
	(Add	iress)	
C	harlotte, No	28231	3 77
	(City/State	and Zip code)	99 🔾
			10 A
	concerning this matter, please		
	7 41	0-11110	. 1
Dack Kirky	at (704 (Area	Code & Daytime Telephone	Number
(Name of Perso	on) (Area	Code & Daytime Telephone	: (Namoer)
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399	as ·	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 & Certificate of Status	3 \$78.75 Filing Fee & Certified Copy	3 \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. , BBもて LEASING CORPORATION ディー
1,
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. North Carolina 3. 56 108 4521 = 0
2. North Carolina 3. 56 108 4521 8 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 14, 1974 (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualifications
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 5130 Parkway Plaza-Boulcuarde, Charlotte, NCZ8ZIT
(Principal office address)
PO BOX 31273 Charlotte, NC 28231
Po Box 31273 Charlotte, NC 28231 (Current mailing address)
8. Lease / financing of vehicles and equipment - (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose(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: CT Cheppennou System
Office Address: 1200 Smith Pine Island Road
Mantation, Florida 33324
(City) (Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Shelley Savage Vice President
(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: _ **B. OFFICERS** Plaza Blod, Charlotte NC Z8ZI Charlotte Address: Secretary: Nichael Maple Hollow Ln Charlotte, NCZ8ZZ Address: __ Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

(Signature of Director or Officer listed in number 12 of the application)

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



State of North Carolina Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

BB&T LEASING CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of November, 1974, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of October, 2003.

6 laine I. Marchall

Secretary of State

Certification Number: 7129817-1 Page: 1 of 1 Ref.# 5254809-Verify this certificate online at www.secretary.state.nc.us/Verification.