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DIVINION OF CORPORATIONS
DIVINION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Sec Division of Corp		
SUBJECT:	State Leasing, Inc.	
	(Name of corporation - must i	include suffix)
Dear Sir or Madam:		
	on by Foreign Corporation for Authoriza ", and check are submitted to register th orida.	
Please return all correspo	ondence concerning this matter to the fo	llowing:
	Peter M. Shanley	<u> </u>
	(Name of Person)	Rigidal A
	(Firm/Company)	500
	712 Pitch Apple Lane	SEE TON 2: 50
	(Address)	67 0
	Naples, FL 34108	3 50
	(City/State and Zip co	ode)
For further information of Peter M. Shanley (Name of Person	<u> </u>	1–7711 Paytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St.	Registra Division	NG ADDRESS: ation Section n of Corporations ax 6327
Tallahassee, FL 32399	Tallaha	ssee, FL 32314
Enclosed is a check for t	he following amount:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$78.75 I Certificate of Status ☐ Certific	Filing Fee & Sand 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.

1. State Leasing, Inc.	MPANY", "CORPORATION" or "TO THE STATE OF TH
(Name of corporation; must include the word "INCORPORATED", "CO words or abbreviations of like import in language as will clearly indicate natural person or partnership if not so contained in the name at present.)	that it is a corporation instead of a
2. New Jersey 3. 22	2-3291460
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. April 6, 1994 5. Pe	erpetual in: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration	in: Year corp. will cease to exist or "perpetual")
6. Upon Qualification	
(Date first transacted business in Florida. If corporation has not transacte (SEE SECTIONS 607.1501, 607.150	
· · · · · · · · · · · · · · · · · · ·	z add 017.155, 1.5.j
7. c/o Sloan and Company, Inc. (Principal office address)	
38 Fairfield Place, West Caldwell, NJ 0700	
(Current mailing address)	
(Current maring accress)	
8. Equipment Leasing	
(Purpose(s) of corporation authorized in home state or country to be	e carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Bo	ox or Mail Drop Box NOT acceptable)
Name: Peter Shanley	
Office Address: 712 Pitch Apple Lane	
Nanloc	1:1. 2/1100
Naples , F.	lorida 34108 (Zip code)
. ,	(
10. Registered agent's acceptance: Having been named as registered agent and to accept service of pro-	ocess for the above stated corporation at the place
designated in this application, I hereby accept the appointment as i	
further agree to comply with the provisions of all statutes relative t	
duties, and I am familiar with and accept the obligations of my pos	sition as registered agent.
	v v v
beta on Short	

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. DIRECTOR	
Chairman:	Peter M. Shanley
Address:	712 Pitch Apple Lane
	712 Pitch Apple Lane Naples, FL 34108
Vice Chairman: _	N/A TO TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T
Address:	N/A SCORES
	- Colon
Director:	4.0
Address:	
Director:	
Address:	
B. OFFICERS	
	Peter M. Shanley
	712 Pitch Apple Lane
Address:	
	Naples, FL 34108
Vice President: _	
Address:	

Secretary:	Peter M. Shanley
Address:	712 Pitch Apple Lane, Naples, FL 34108
Treasurer:	Peter M. Shanley
Address:	712 Pitch Apple Lane, Naples, FL 34108
NOTE: If nece	ssary, fou may attach an addendum to the application listing additional officers and/or directors.
13	(Single of Chairman Vine Chairman Con a Stoom Vinted in number 12 of the amplication)
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14.	Peter M. Shanley, President (Timed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF TREASURY FILING CERTIFICATION (CERTIFIED COPY)

STATE LEASING INC.

0100583825

I, the Treasurer of the State of New Jersey, do hereby certify, that the above named business did file and record in this department a Certificate of Incorporation on April 6th, 1994 and that the attached is a true copy of this document as the same is taken from and compared with the original(s) filed in this office and now remaining on file and of record.

IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of October, 2003

John L'rleman

John E McCormac, CPA
State Treasurer

