## 

(Red	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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J04-6662

## TRANSMITTAL LETTER

	egistration Sectivision of Cor			
SUBJEC	T: LEASING	SYNDICATIONS LTD, IN	IC.	
			oration - must include suffix)	
Dear Sir o	r Madam:			
"Certificate		e," and check are submitted	n for Authorization to Transac d to register the above referer	
Please retu	ırn all corresp	ondence concerning this m	atter to the following:	
RICHARD	HOFFMAN			
<del></del> -		(Nar	ne of Person)	
HOFFMAN	i, FELDMAN	& ASSOCIATES, LLC		
	-	(Firm	n/Company)	
27 HOOKS	S LANE			
		(	Address)	<del>-</del>
BALTIMOF	RE, MD 21208	3		
		(City/S	tate and Zip code)	
For further	· information (	concerning this matter, ple	ase call:	
	HOFFMAN	at (410		-
ST Re Div	REET ADD egistration Sec vision of Corp 9 E. Gaines S	RESS: extion porations t.	MAILING Al Registration S Division of Co P.O. Box 632	DDRESS: ection orporations
	llahassee, FL		Tallahassee, F	L 32314
Enclosed is	s a check for t	the following amount:		
<b>Z</b> 1 \$70.00 I	Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$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.

LEASING SYN	IDICATIONS LTD, INC.					
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	₹D,	" "COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busin	ess in Flor	ida)	
MARYLAND		3.	52-1102312			
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)			
OCTOBER 26	R 26, 1977 5. PERPETUAL		PERPETUAL			
(Date of incorporation)			(Duration: Year corp. will cease to exist or "perpetual")			
HAS NOT TRA	ANSACTED BUSINESS.					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
133 VIA PARAI	DISIO, PALM BEACH GARDENS, FL 3	341	18			
*	(Principal office					
7920 TARBAY	DRIVE, JESSUP, MD 20794					
	(Current mailing	add	ress)			
LEASING OF \	VEHICLES, FINANCING COMPANY					
·	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)			
Name and stree	et address of Florida registered agent: (	<b>ም</b> ር	) Box NOT acceptable)	y**		
Transcara <u>Davi</u>		,	,,,	Ē	~ .	
Name:	MARK EISENBERG					
Office Address:	133 VIA PARADISIO				1.	
	PALM BEACH GARDENS		, Florida MARK EISENBERG	ALL AMASSEE FLOTION		
	(City)		(Zip code)	0,,	53	
					** ***	

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.

(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:

	ECTORS			
Chairmar	n: MARK EISENBERG			
Address:	133 VIA PARADISIO			
	PALM BEACH GARDENS, FL 33418			
Vice Cha	irman:			
			_	
Director:			<del></del>	
Address:		<del></del>	<del></del>	
Director:				
Address:				
			<b>.</b>	
B. OFF				
	MARK EISENBERG			
Address:	133 VIA PARADISIO			
	PALM BEACH GARDENS, FL 33418			
Vice Pres	ident:	9 195 96 1 1 1 1 2 1 1 2 1		_
Address:		i.	*	
-			-1	
Secretary:		<del>-11</del>		
Address:				
Treasurer				
Address:				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	directors		
<u>~</u>		directors.	•	
13	(Signature of Director or Officer listed in number 12 of the application)			
14				
	(Typed or printed name and capacity of person signing application)			

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT LEASING SYNDICATIONS, LTD. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 30, 2004.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410)333-7097