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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SCOTT W. OLSON LEASING, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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.

SCOTT OLSON  
Name of Person  
SCOTT W. OLSON LEASING, INC.  
Firm/Company  
5032 SW. 11 TH, PUNCE  
Address  
CAPE CORAL, FL. 33914  
City/State and Zip code  
SCOTT@NEBRASKA-ATLANTIC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT OLSON at (402) 320-9692  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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    ☐ \$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.

1. SCOTT W. OLSON LEASING, INC.  
(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. NEBRASKA 3. 20-2016679  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-3-04 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5032 SW. 11TH PLACE CAPE CORAL, FL. 33914  
(Principal office address)  
5032 SW. 11TH PLACE, CAPE CORAL, FL. 33914  
(Current mailing address)

8. TRAILER-TRAILER LEASING  
(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 NOT acceptable)

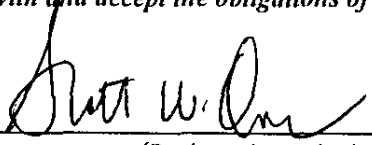
Name: SCOTT W. OLSON

Office Address: 5032 SW. 11TH PLACE

CAPE CORAL, Florida 33914  
(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.*

  
(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.

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12. Names and business addresses of officers and/or directors:

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TALLAHASSEE FLORIDA

**A. DIRECTORS**

Chairman: SCOTT W. OLSON

Address: 5032 SW. 11TH PLACE  
CAPE CORAL, FL, 33914

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: SCOTT W. OLSON

Address: 5032 SW. 11TH PLACE  
CAPE CORAL, FL. 33914

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: SCOTT W. OLSON

Address: 5032 SW. 11TH PLACE, CAPE CORAL, FL. 33914

Treasurer: SCOTT W. OLSON

Address: 5032 SW. 11TH PLACE, CAPE CORAL, FL. 33914

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Scott W. Olson  
(Signature of Director or Officer listed in number 12 of the application)

14. SCOTT W. OLSON, PRESIDENT  
(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

BEFORE  
SCOTT W. OLSON LEASING, INC.

was duly incorporated under the laws of this state on December 3, 2004 and do further certify that no occupation taxes assessed are unpaid and no biennial reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

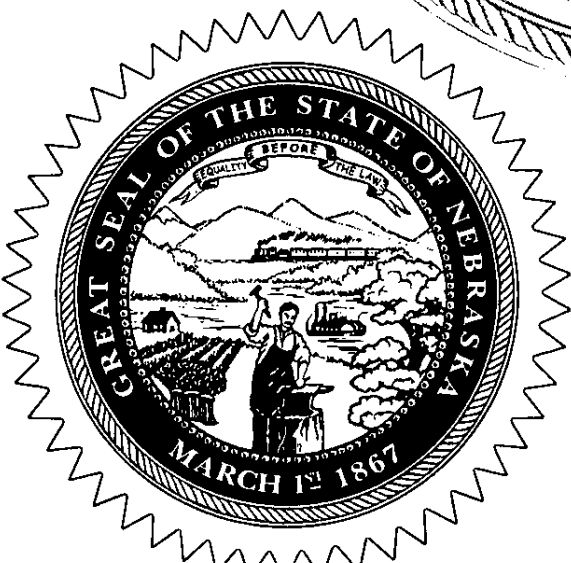
I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska on December 7, 2009.

*John A. Gale*  
SECRETARY OF STATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.