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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SMITH APR 28 2011

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ailco financial services, 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:

Patti Ahnert

Name of Person

Elkin Operations, Inc.

Firm/Company

W222N833 Cheaney Dr

Address

Waukesha, WI 53186

City/State and Zip code

p.ahnert@elkinco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Schott

Name of Person

at (262) 549-6640

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

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**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. ailco financial services, 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. Wisconsin

(State or country under the law of which it is incorporated)

3. 39-1915808

(FEI number, if applicable)

4. 12/18/1997

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon approval

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

7. W222N833 Cheaney Dr., Waukesha, WI 53186

(Principal office address)

Same

(Current mailing address)

8. Leasing equipment to businesses located in 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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

Ashley Pipes
(Registered agent's signature)

Assistant Secretary
Ashley Pipes

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:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Thomas Podewils _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Thomas Podewils, President _____

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

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Ailco Financial Services, Inc.

EIN: 39-1915808

Attachment to Application By Foreign Corporation for Authorization to Transact Business in Florida

Ailco Financial Services, Inc. wishes to apply to carry on business in the state of Florida. Ailco Financial Services, Inc. acknowledges that this activity will create an income tax filing obligation with the state. Ailco Financial Services, Inc. is a 100% owned qualified subchapter S subsidiary (QSub) of Elkin Operations, Inc. (EIN: 20-0453390). The activity from Ailco Financial Services, Inc. will be included on the tax return of their parent Elkin Operations, Inc. and filed with the Florida Department of Revenue.

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ATTACHMENT "A"

Officers of ailco financial services, inc.

Name	Title	Address & Phone
Thomas Podewils	President	W222 N833 Cheaney Drive, Waukesha, WI 53186 (262) 548-0864
Scott Meinerz	Vice President	W222 N833 Cheaney Drive, Waukesha, WI 53186 (262) 548-0864
Gregory Meinerz	Secretary	W222 N833 Cheaney Drive, Waukesha, WI 53186 (262) 548-0864
Patricia A. Ahnert	Assistant Secretary	W222 N833 Cheaney Drive, Waukesha, WI 53186 (262) 548-0864
Lee A. Fischer, Jr.	Treasurer	W222 N833 Cheaney Drive, Waukesha, WI 53186 (262) 548-0864

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DOM
180 181 183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Secretary, Department of Financial Institutions, do hereby certify that

AILCO EQUIPMENT FINANCE GROUP, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 17, 1997.

I further certify that the following charter documents have been duly filed with this department for said corporation, namely; the aforementioned Articles of Incorporation filed December 17, 1997 under the name AILCO LEASING, INC.; Amendments filed April 7, 2000 changing the name to AILCO FINANCIAL SERVICES, INC.; February 1, 2011 changing the name to AILCO EQUIPMENT FINANCE GROUP, INC.; February 22, 2011 changing the name to AILCO FINANCIAL SERVICES, INC.; Amendment filed March 15, 2011 that will change the name to AILCO EQUIPMENT FINANCE GROUP, INC. effective June 7, 2011; and that these are the only charter documents filed with this department for said corporation.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on April 21, 2011.



Handwritten signature of Ray Allen, Deputy Secretary of the Department of Financial Institutions.

RAY ALLEN, Deputy Secretary
Department of Financial Institutions

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BY:

Handwritten signature of Cathy Mickelson.

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.