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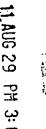
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## **COVER LETTER**

TO: New Filing Section Division of Corporations				
SUBJECT: National Bus Sales and 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:				
Paula Stewart				
Name of Person				
National Bus Sales and Leasing, Inc				
Firm/Company				
P.O. Box 6549				
Address				
Marietta, GA 30065				
City/State and Zip code				
pstewart@nationalbussales.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Paula Stewart at ( 800 ) 282-7981				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton 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 & Certified Copy \$87.50 Filing Fee, 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.

	Sales and Leasing, Inc.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	)," "COMPANY," "CORPORATION,"		
National Bus				
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting busing	ness in Florida)	
2. Georgia		58-1216021		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable	)	
4, 2-20-1975	5	Perpetual		
(Date	e of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
6. none				
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
7. 800 Picken	s Drive Extension, Marietta, C	GA 30062	···	
	(Principal office ad	dress)		42
P.O. Box 6	6549, Marietta, GA 30065			
	(Current mailing ad	dress)		
s Sell of bus	ses, bus parts and service of	buses	SSE MANG	
·	s) of corporation authorized in home state or	<del></del>	29	
9. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	PH CF CF CF	
Name:	Corporation Service Compa	any	3: D	· •
Office Address:	1201 Hayes Street		Stu. 0	
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		
10. Registered a	gent'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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John T. Smith Address: 800 Pickens Drive Extension Marietta, GA 30062 Vice Chairman: \_\_ Address: \_\_ Director: \_ Address: \_ Director: Address: \_ **B. OFFICERS** President: John Walsh Address: 800 Pickens Drive Extension Marietta, GA 30062 Vice President: John Noyd Address: 800 Pickens Drive Extension Marietta, GA 30062 Secretary: Anne W Smith Address: 800 Pickens Drive Extension, Marietta, GA 30062 Treasurer: Anne W Smith Address: 800 Pickens Drive Extension, Marietta, GA 30062 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. John Noyd, VP & CFO (Typed or printed name and capacity of person signing application)

# STATE OF GEORGIA

## Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### NATIONAL BUS SALES AND LEASING, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 02/20/1975 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of August, 2011

Bilh

Brian P. Kemp Secretary of State

Certification Number: 7695579-1 Reference

Verify this certificate online at http://corp.sos.state.go.us/corp/soskb/verify.asp