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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FOREIGN PROFIT/NONPROFIT CORPORATION

Macquarie Equipment Finance, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

Please File
2nd after LLC
withdrawal

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MRD 12/19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Macquarie Equipment Finance, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

annemarie.moore@macquarie.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
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. Macquarie Equipment Finance, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 26-1476987
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/27/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2285 Franklin Road, Bloomfield Hills, MI 48302-0364
(Principal office address)
- same
(Current mailing address)
8. Equipment finance and 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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.*

C T Corporation System **Samantha Jones**
By: *Samantha Jones* Assistant Secretary
(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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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Gregory Goldstein

Address: 2285 Franklin Road

Bloomfield Hills, MI 48302-0364

Vice President: Kathleen Hahn

Address: 125 W 55th St.

New York, NY 10019

Secretary: Lynn Stenback

Address: 2285 Franklin Road, Bloomfield Hills, MI 48302-0364

Treasurer: Kenneth Bruchanski

Address: 2285 Franklin Road, Bloomfield Hills, MI 48302-0364

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

13. _____

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. Ryan Seaholm, Assistant Secretary

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1	Full Name:	Amanda Michael
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	125 W 55th St.
	City:	New York
	State:	NY
	ZIP Code:	10019
2	Full Name:	Ryan Seaholm
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	125 W 55th St.
	City:	New York
	State:	NY
	ZIP Code:	10019
3	Full Name:	Gregory Goldstein
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	2285 Franklin Road
	City:	Bloomfield Hills
	State:	MI
	ZIP Code:	48302-0364
4	Full Name:	Kenneth Bruchanski
	Officer/Director:	Officer, Director
	Officer's Title:	CFO / Treasurer
	Director's Title:	Director
	Business Address:	2285 Franklin Road
	City:	Bloomfield Hills
	State:	MI
	ZIP Code:	48302-0364
5	Full Name:	Andrew Gee

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Officer/Director:

Director

Officer's Title:

Director

Director's Title:

9 Hunter Street

Business Address:

Sydney

City:

NSW

State:

02000

ZIP Code:

Delaware

The First State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MACQUARIE EQUIPMENT FINANCE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4463641 8300

121329112

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0059268

DATE: 12-12-12