

F13000000057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

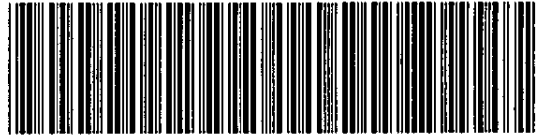
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
DEPARTMENT OF STATE
13 JAN -2 PM 4:22

FILED
13 JAN -2 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-302

K 01/07/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2013

CORPORATION SERVICE COMPANY
ATTN: STEPHANIE MILNES

RESUBMIT

Please give original
submission date as file date.

SUBJECT: CANON SOLUTIONS AMERICA, INC.
Ref. Number: W13000000302

Canon Financial Services, Inc.

We have received your document for ~~CANON SOLUTIONS AMERICA, INC.~~ and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 513A00000110

Thanks

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2013 JAN -4 AM 10:40

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 482635 4301448

AUTHORIZATION :

COST LIMIT : \$ 10.00

ORDER DATE : January 2, 2013

ORDER TIME : 3:40 PM

ORDER NO. : 482635-110

CUSTOMER NO: 4301448

FOREIGN FILINGS

NAME: CANON SOLUTIONS AMERICA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Canon 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:

Deborah L. Vigdal, Senior Paralegal

Name of Person

Dorsey & Whitney LLP

Firm/Company

50 South 6th Street, Suite 1500

Address

Minneapolis, MN 55402

City/State and Zip code

vigdal.deb@dorsey.com

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

For further information concerning this matter, please call:

Deborah L. Vigdal at (612) 340-2693

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. Canon 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. New Jersey 3. 22-3056822
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 21, 1990 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. 158 Gaither Drive, Mount Laurel, NJ 08054
(Principal office address)
158 Gaither Drive, Mount Laurel, NJ 08054
(Current mailing address)

8. Leasing of office and medical equipment
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Stephanie Milnes Asst. V.P.

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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13 JAN -2 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Junichi Yoshitake

Address: One Canon Plaza
Lake Success, NY 11042

Vice Chairman: _____

Address: _____

Director: Yoroku Adachi

Address: One Canon Plaza
Lake Success, NY 11042

Director: Kunihiko Tedo

Address: One Canon Plaza
Lake Success, NY 11042

B. OFFICERS

President: Kunihiko Tedo

Address: One Canon Plaza
Lake Success, NY 11042

Vice President: _____

Address: _____

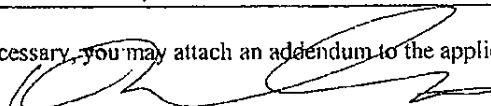
Secretary: Seymour Liebman

Address: One Canon Plaza, Lake Success, NY 11042

Treasurer: Seymour Liebman

Address: One Canon Plaza, Lake Success NY 11042

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. Kunihiko Tedo, President

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES**

CANON FINANCIAL SERVICES, INC.

0100455210

With the Previous or Alternate Name

CITI-LEASE, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on June 21, 1990.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Corporation Service Company
830 Bear Tavern Road
West Trenton, NJ 08628*



Certification# 127002086

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
3rd day of January, 2013*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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