1400000353/

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

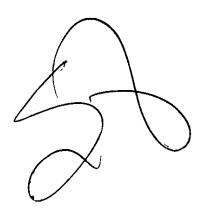
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OF SERVICE AS TO RECEIVE



COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: HILLTOP LEASING IN	С
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	iding" and check are submitted to register the
Please return all correspondence concerning this matter VITO FAVIA	to the following:
Name of	Person
HILLTOP LEASING INC	
Firm/Com	pany
700 HILLTOP DR	
Addre	ess
ITASCA ILLINOIS 60143	
City/State as	nd Zip code
CDANTONA@BACKTOBED.COM	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please c	all:
VITO FAVIA at (630	, 220-2681
Name of Person Area C	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 & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2014

VITO FAVA 700 HILLTOP DRIVE ITASCA, IL 60143

SUBJECT: HILLTOP LEASING INC Ref. Number: W14000032447

We have received your document for HILLTOP LEASING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 114A00011184

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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.

(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business	in Florida)
ILLINOIS	3	, 80-0696413	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
$_{1}$ 03/25/20	111	5 PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")
ó			
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
700 HILL	TOP DR		
·	(Principal office ad	ldress)	
ITASCA I	LLINOIS 60143		
	(Current mailing ad	idress)	
REGIST	ER TRUCKS		14
),	e) of corporation authorized in home state or o	country to be carried out in state of Florida)	
•	•	•	\$
. Name and stree	et address of Florida registered agent: (P	'.O. Box <u>NOT</u> acceptable)	77 E 1
Name:	VITO FAVIA		දුර
	7469 KINGSPOINT PK	<u>WY</u>	5
Office Address:	ORLANDO	, Florida 32819	_
Office Address:	O 1 1 1 D O		

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: N/A Vice Chairman: Address: Address: _ Director: __ Address: B. OFFICERS President: VITO FAVIA Address: 160 WELLINGTON BLOOMINGDALE IL 60108 Vice President: **GLENN HANEBERG** Address: 4155 PRAIRIE CROSSING DR SAINT CHARLES IL 60175 Treasurer: Address: NOTE: If necessary, you hay attach an addendant 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. VITO FAVIA, PRESIDENT

File Number

6773-648-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HILLTOP LEASING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 25, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1412902300

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH

day of

MAY

A.D.

2014

Desse White

SECRETARY OF STATE