

F170000001905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

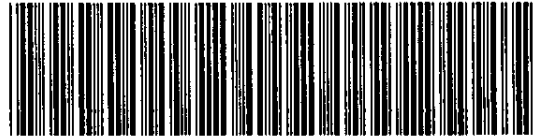
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-28964 NOT Avail

Office Use Only



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04/03/17--01031--010 **78.75

2017 APR 25 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
APR 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2017

ALYSSA LAWRENCE
QUALITY LEASING CO., INC.
9830 BAUER DR.
INDIANAPOLIS, IN 46280

SUBJECT: QUALITY LEASING CO., INC.
Ref. Number: W17000028964

We have received your document for QUALITY LEASING CO., INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F36683 "QUALITY LEASING INCORPORATED".

Please return 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 317A00006560

→ Resubmitted 4/20/17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2017 APR 25 PM 12:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY LEASING CO., 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:

ALYSSA LAWRENCE

Name of Person

QUALITY LEASING CO., INC.

Firm/Company

9830 BAUER DRIVE

Address

INDIANAPOLIS, IN 46280

City/State and Zip code

ALAWRENCE@QUALITYLEASINGCO.COM

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

For further information concerning this matter, please call:

KENDRA ROTHSCHILD

317

253-4415

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. QUALITY LEASING CO., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- QUALITY LEASING CO., INC. WHICH WILL DO BUSINESS IN FLORIDA AS QUALITY LEASING ENTERPRISES, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. INDIANA 3. 35-1724115
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/04/1987 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 03/01/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9830 BAUER DR. INDIANAPOLIS, IN 46280
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: NRAI SERVICES, INC.
- Office Address: 515 EAST PARK AVENUE
- TALLAHASSEE, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA
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9. 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.



(Registered agent's signature)

10. 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JEFFREY I WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

Vice Chairman: JOHN M WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

Director: JEFFREY I WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

Director: JOHN M WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

B. OFFICERS

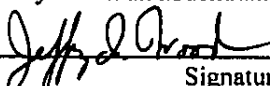
President: JEFFREY I WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

Vice President: JOHN M WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

Secretary: JOHN M WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

Treasurer: JOHN M WOOD
9830 BAUER DR. INDIANAPOLIS, IN 46280
Address: _____

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. JEFFREY I WOOD, PRESIDENT
(Typed or printed name and capacity of person signing application)

ADDITIONAL DIRECTOR/OFFICER ADDENDUM:

A. DIRECTORS

Director: JONATHAN MARTIN

Address: 9830 BAUER DR. INDIANAPOLIS, IN 46280

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

QUALITY LEASING CO., INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 04, 1987, and was in existence or authorized to transact business in the State of Indiana on March 30, 2017.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 30, 2017



Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1987120448 / 2017266630

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

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TALLAHASSEE, FLORIDA