# F17000003980

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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D. SCOTT **SEP** 5 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 793365 AUTHORIZATION COST LIMIT ORDER DATE: September 1, 2017 ORDER TIME : 11:40 AM ORDER NO. : 793365-005 CUSTOMER NO: 7705231 FOREIGN FILINGS NAME: CONTRACT LEASING CORP. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER: \_\_\_\_

CONTACT PERSON: Roxanne Turner -- EXT# 62969

### **COVER LETTER**

TO:	Registration Se Division of Co			
SUBJ		Leasing Corp		
		Name of corporati	on - must include suffix	
Dear S	Sir or Madam;			
"Certi	ficate of Existence	tion by Foreign Corporation f te," or "Certificate of Good S on corporation to transact busi	tanding" and check are su	act Business in Florida," bmitted to register the
Please	return all corres	pondence concerning this mat	ter to the following:	
		Name (	of Person	
	10.4	Firm/Co	ompany	
		Ad	dress	
	· · · · · · · · · · · · · · · · · · ·	City/State	e and Zip code	T. T.
	<u>.                                    </u>	E-mail address: (to be use	d for future annual report	notification)
For fu	rther information	concerning this matter, pleas	e call:	- 152 - 152
		at (	)	
	Name of Perso	at (at C	ode Daytime Tele	phone Number
	STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	MAILING A Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27
Enclos	sed is a check for	the following amount:		
☐ <b>\$</b> 70	0.00 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

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")	
(If name unavail:	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Meny Jersey		•
4/11/91		(FEI number, if applicable)
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)
_	(Date first transacted business i	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
l Corporate Place	S Ste 201 Piscataway, NJ 08854-6116	1302, 133., to determine penanty manney;
<u> </u>	(Princi	ipal office address)
	(Current maili	ing address, if different)
		93
Name and stree	et address of Florida registered agent: (P.	.O. Box NOT acceptable)
Name:	Corporation Service Company	
35 A ( )	1201 Hays Street	
	Tallahassee	32301
nce Address:		5.6 3471
fice Address:	(City)	, Florida

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Address: Michael Goor Director: 1 Corporate Place South, Suite 201 Address: Piscataway NJ 08854 Director Round Address: c/o 1 Cu-ponnté Place South Suite 201
Printany N.J. 08854 **B. OFFICERS** Michael Goor President: 1 Corporate Place South, Suite 201 Piscataway NJ 08854 Address: Vice President: Address: \_\_\_\_\_ Elizabeth Goor Secretary: 1 Corporate Place South, Suite 201 Piscataway NJ 08854 Address: Guy Paglinco Treasurer: 1 Corporate Place South, Suite 201 Piscalaway NJ 08854 Address: 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 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. Goy A. Paglaco Chief Francial Office.
(Typed or panted name and capacity of person signing application)

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

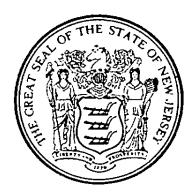
#### CONTRACT LEASING CORP. 0100481368

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 12, 1991.

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 office are:

KURT D. OLENDER 422 MORRIS AVE OLENDERFELDMAN LLP SUMMIT, NJ 07901



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of September, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6082264800

Versfy this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp