

FL9 000004672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

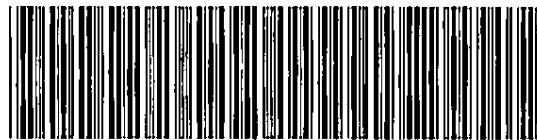
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT - 1 AM 10:02

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AL
10-17-19



3700 E. MORGAN AVENUE • EVANSVILLE, INDIANA 47715

Rebecca S. Korba, IRP
Paralegal – Legal Department
Tel: (812) 485-3597
Email: rebecca.korba@unitedevv.com

September 27, 2019

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

Via: UPS Ground

2019 OCT -1 AM 10:02
RECEIVED
FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Registration of United Leasing, Inc.
Foreign Registration

Ladies and Gentlemen:

Enclosed herewith please find the original plus one (1) copy of the Cover Letter and Application for Foreign Registration for United Leasing, Inc., (with Certificate of Existence attached) to conduct business in the State of Florida. United Leasing, Inc., will have to register under the fictitious name of United Leasing & Finance of Indiana, Inc., as United Leasing, Inc., is unavailable in the State of Florida. In order to effectuate the filing of the foreign registration, we have also enclosed check number 9784 in the amount of Eighty-Seven and 50/100 Dollars (\$87.50).

Upon registration of the foreign entity, please return the approved Application and Certificate to my attention in the enclosed, prepaid UPS envelope. Should you have any questions or comments, please feel free to contact me directly (812) 485-3597 or email: rebecca.korba@unitedevv.com. Thank you for your time and attention in reference to this matter.

Very truly yours,

A handwritten signature in black ink that reads "Rebecca S. Korba".

Rebecca S. Korba, IRP
Paralegal

/rsk

Enclosures: Check 9784 - \$87.50

Original plus one Cover Letter and Application for Foreign Registration
Certificate of Existence – State of Indiana
Return UPS Ground Envelope

COVER LETTER

TO: Registration Section
Division of Corporations
United Leasing, Inc.

SUBJECT: _____
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:
Rebecca S. Korba, Paralegal

Name of Person	
United Leasing, Inc.	
Firm/Company	
3700 East Morgan Avenue	
Address	
Evansville, Indiana 47715	
City/State and Zip code	
rebecca.korba@unitedevv.com	
E-mail address: (to be used for future annual report notification)	

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 OCT - 1 AM 10:02

For further information concerning this matter, please call:

Rebecca S. Korba, Paralegal	812	485-3597
Name of Person	at (_____)	Daytime Telephone Number
	Area Code	

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.

United Leasing, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

United Leasing & Finance of Indiana, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Indiana 35-11699199

2. _____
(State or country under the law of which it is incorporated) 3. _____
06-18-1969 (FEI number, if applicable)
N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3700 East Morgan Avenue, Evansville, Indiana 47715

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

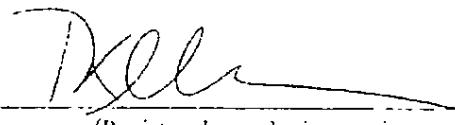
NRAI Services, Inc.

Name: _____
1200 South Pine Island Road

Office Address: _____
Plantation, Florida 33324
(City) (Zip code)

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.

STATE OF FLORIDA
DEPARTMENT OF STATE
REGISTRATION OF FOREIGN CORPORATIONS

2019 OCT - 1 AM 10:03

D. Lee

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

A. DIRECTORS

Ronald D. Romain

Chairman: _____

3700 East Morgan Avenue

Address: _____

Evansville, Indiana 47715

Vice Chairman: _____

Address: _____

Amy Barron

Director: _____

3700 East Morgan Avenue

Address: _____

Evansville, Indiana 47715

Connie S. Romain

Director: _____

3700 East Morgan Avenue

Address: _____

Evansville, Indiana 47715

B. OFFICERS

Ronald D. Romain

President: _____

3700 East Morgan Avenue

Address: _____

Evansville, Indiana 47715

Amy Barron

Vice President: _____

3700 East Morgan Avenue

Address: _____

Evansville, Indiana 47715

Amy Barron

Secretary: _____

3700 East Morgan Avenue, Evansville, Indiana 47715

Address: _____

Ronald D. Romain

Treasurer: _____

3700 East Morgan Avenue, Evansville, Indiana 47715

Address: _____

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

12. Amy Barron _____

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.

Amy Barron, Vice-President

13. _____

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

2018 OCT - 1 AM 10:03
FLORIDA
DEPARTMENT 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

UNITED LEASING, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 18, 1969, and was in existence or authorized to transact business in the State of Indiana on September 27, 2019.

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. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 27, 2019

A handwritten signature in black ink that reads "Connie Lawson". The signature is fluid and cursive, with "Connie" on the top line and "Lawson" on the bottom line.

CONNIE LAWSON
SECRETARY OF STATE

196906-322 / 20191120556

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 27, 2019.