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| (R | Requestor's Name) | |
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| (A | ddress) | |
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| V | | |
| (C | ity/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (B | usiness Entity Nam | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|---|----------------|--|--|
| SUBJECT: Butler I ea | ising, Inc. | | | |
| | Name of c | corporation - | must include suffix | <u> </u> |
| Dear Sir or Madam: | | | | |
| The enclosed "Applicati "Certificate of Existence above referenced foreign | e." or "Certificate of | Good Stand | uthorization to Transacting" and check are submit in Florida. | Business in Florida," itted to register the |
| Please return all corresp | condence concerning | this matter t | o the following: | |
| Vito P. LoVerde | | | | |
| | | Name of P | erson | |
| The Law Office of Vito P. | . LoVerde | | | |
| | | Firm/Comp | any | |
| 6318 Kingsbridge Drive | | | | |
| | | Addres | 8 | |
| Cary, Illinois 60013 | | | | |
| | (| City/State and | d Zip code | |
| VPL@LoVerdeLaw.com | | | | |
| | E-mail address: (1 | to be used fo | r future annual report no | tification) |
| For further information | concerning this matt | er, please ca | II: | |
| Vito P. LoVerde | 31 | (847 | 639-9600 | |
| Name of Perso | n | Area Code | Daytime Telepho | one Number |
| Registration Sec Division of Cor The Centre of T | porations Fallahassee e Street, Suite 810 | | MAILING AB Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL | etion porations |
| Enclosed is a check for Please make check payabl \$70.00 Filing Fee | e 10: FLORIĎA DEP. | ARTMENT C | OF STATE \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

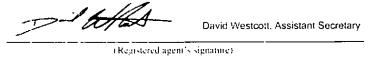
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

| Hutler Leasing, I | | | | | |
|--|---|-----|--|--|--|
| | orperation; mass metude "INCORPORATE orp." "Inc." "Co." or "Corp.") | Ð, | " "COMPANY," "CORPORATION," | | |
| (If name unavaila | ible in Florida, enter alternate corporate nai | ne | adopted for the purpose of transacting business in Florida | | |
| Illinois | | ; | 26-4124675 | | |
| (State or country under the law of which it is incorporated) | | | (FEI number, if applicable) | | |
| January 27, 2009 | | 5. | Perpetual | | |
| (Date | of incorporation) | | (Date of duration, if other than perpetual) | | |
| Date of Registrat | tion | | | | |
| | uc, Libertyville Illinois 600-8 (Principal) (Principal) | utt | ice <u>street</u> address) | | |
| | · | uli | ng address, if differenti | | |
| Name and <u>stree</u> Name: (fice Address: | t acdress of Florida registered agent: (C.1 Corporation System 1200 S. Piae Island Road, Suite 250 | Р.С |), Box <u>NOT</u> acceptable) | | |
| | Plantation | | , Florida <u>33324</u> | | |
| | (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.



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. For imital indexing purposes—ist names, titles and addresses of the primary officers and or directors (up to six (b) total):

| A. DIRECTORS | | | | | | |
|---|------------------------------|------------------|---------------------------------|--|--|--|
| □ Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: 738 E. Park Avenue | □Vice Chairman | Address: 6318 Kingsbridge Drive | | | |
| ■Director | Libertyville, Illinois 60048 | □Director | Cary, Illinois 60013 | | | |
| President | | □President | | | | |
| □Vice President | | □Vice President | | | | |
| Secretary | ■ Treasurer | □ Secretary | Treasurer | | | |
| Other | | Other Asst. Secr | Cother | | | |
| □Chuirman | Name, | □Chairman | Name. | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| □Director | | Director | | | | |
| □President | | □President | | | | |
| ☐Vice President | | □Vice President | | | | |
| ☐ Secretary | 7 Treasurer | ☐ Secretary | ⊡ Treasurer | | | |
| Other | | ⊡Other | □Other | | | |
| ⊡Chairman | Name: | □Chairman | Name: | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | |
| Director | | □ Director | | | | |
| ∏President | | □President | | | | |
| ☐Vice President | | □Vice President | | | | |
| □Secretary | 7 Treasurer | □ Secretary | □Treasurer | | | |
| □Other | Other | □Other | | | | |
| Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be ashed to the index when filing your Florida Department of State Annual Report form. | | | | | | |
| 12 // // | Signature of Director of | 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 \$ 817.155, F.S. Who B. L. Morrie. Assistant Supreton. | | | | | | |

13. Vito P. LoVerde, Assistant Secretary

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

File Number

6686-955-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BUTLER LEASING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 27, 2009, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of APRIL A.D. 2021 .

Authentication #: 2110602300 verifiable until 04/15/2022
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE