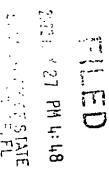
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Office Use Only



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05/27/22--01019--023 **87.50



COVER LETTER

Division of Corporation	;				
SUBJECT: EasyLease Automo	tive, Inc.				
		ı - must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Fo "Certificate of Existence," or "C above referenced foreign corporations."	ertificate of Good Star	nding" and check are subm			
Please return all correspondence	concerning this matter	r to the following:			
Thomas Stuart					
	Name of	Person	-		
EasyLease Automotive, Inc.					
	Firm/Con	npany	1. 2		
10 Dorrance St. Suite 700 #963					
	Addr	ress			
Providence, RI 02903					
	City/State a	and Zip code	+ `		
tom@easylease.io					
E-ma	l address: (to be used	for future annual report no	tification)		
For further information concerni	ng this matter, please of	call:			
Thomas (Tom) Stuart at (508		507-7657			
Name of Person	Area Cod		one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
-	DRIDA DEPARTMENT	T OF STATE □ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &		

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.	EasyLease Auto	motive. Inc				
		orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	:D," `	°COMPANY," "CORPORATI	ON,"	
	(If name unavaila	able in Florida, enter alternate corporate na	ne ade	opted for the purpose of transac	ting business in Florida)	
2.	Delaware	3. 88-1744876				
(State or country under the law of which it is incorporate				El number, if applicable)		
4.	1/20/2022		5			
	(Date of incorporation)			(Date of duration, if oth	er than perpetual)	
6.						
		(Date first transacted busines (SEE SECTIONS 607.1501 & 60		lorida, if prior to registration) 2, F.S., to determine penalty lial	pility)	
7.	10752 Deerwood	Park Boulevard, Suite 100. Jacksonville, F (Principal		56 street address)	. 	
	10 Dorrance St. S	Suite 700 #963, Providence, RI 02903				
		(Current ma	iling	address, if different)	F3	
8.	. Name and stree	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	- (c) pro-	
	Name:	Thomas McBride		_	- IT	
Office Address:		10752 Deerwood Park Boulevard, Suite 100		_	PH 4:48	
		Jacksonville		, Florida <u>32256</u>	FL 48	
		(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.

A. DIRECTORS	4						
Chairman	Name: Thomas Stuart	□Chairman	Name:				
□Vice Chairman	Address: 9 Blount Cir	□Vice Chairman	Address:				
□Director	Barrington RI 02806	□Director					
President		□President		_			
□Vice President		□Vice President					
Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other		Other		Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President		222,			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	Other	□Other		Other			
□Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President		<u> </u>			
□Vice President	· · · · · · · · · · · · · · · · · · ·	□Vice President	<u> </u>				
Secretary	□Treasurer	☐ Secretary		□Treasurer			
Other	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 added to the index when filing your Florida Department of State Annual Report form. 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.

... Thomas Stuart

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EASYLEASE AUTOMOTIVE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EASYLEASE

AUTOMOTIVE, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF JANUARY,

A.D. 2022.



Jeffray W. Bullock, Secretary of State

Authentication: 203490183