

F99000002314

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Lu-Lu Lease, 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", 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:

Phillip Lutz 700002860617--9
(Name of Person) -05/03/99-01127--003
c/o Lu-Lu Lease Inc. *****78.75 *****78.75
(Firm/Company)
12657 Tamiami Trail
(Address)
Punta Gorda FL 33955
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Phillip Lutz at (941) 639 6000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

FILED
MAY -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
749-2314
CR 55
Name
Availability
Document
Examination
Updater
Updater
Verifier
Acknowledgment
W. P. Verifier

**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. Lu-Lu Lease Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New Jersey 3. 22 3/12 860
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/5/88 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/1/99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 12657 Tamiami Trail
Punta Gorda FL 33955
(Current mailing address)

8. Leasing vehicles and equipment for any other legal business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

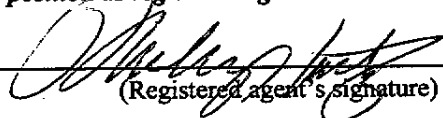
Name: Phillip Lutz

Office Address: 12657 Tamiami Trail
Punta Gorda, Florida, 33955
(Zip code)

FILED
99 MAY -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. 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)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Phillip Lutz

Address: 12657 Tamiami Trail
Punta Gorda FL 33953

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Phillip Lutz

Address: same as above

Vice President: _____

Address: _____

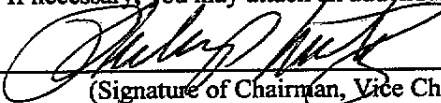
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Phillip Lutz
(Typed or printed name and capacity of person signing application)

FILED
MAY -3 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING*

LU-LU LEASE, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on May 5, 1988.*

*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.*

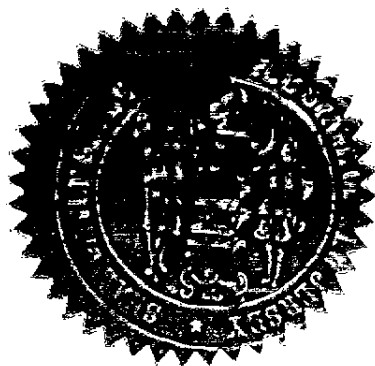
*I further certify that the registered agent and
registered office are:*

*Philip H Shore
5 Williamsburg Commons
Po Box 755
East Brunswick, NJ 08816*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

LU-LU LEASE, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
9th day of April, 1999

James A. DiEleuterio, Jr.

James A DiEleuterio, Jr.
Treasurer