# M03000002195

(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:

Office Use Only

TALLAHASSEE, FLORIDA



700021028807

06/30/03--01030--007 \*\*125.00

AL

#### FILED 03 JUN 30 AM 9: 53

#### TRANSMITTAL LETTER

- OSSIGNED OF STATE I ALLAHASSEE, FLORIDA

TO:	Registration Section
	Division of Corporations

SUBJECT: HARTLEY/DE RENZO, LLC Dear Sir or Madam: The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" and the "Certificate of Designation of Registered Agent/Registered Office" and check are submitted to register the above referenced foreign LLC to transact business in Florida. Please return all correspondence concerning this matter to the following: LOUIS M. MEINERS, JR. (Name of Person) ADVOCATE CONSULTING (Firm/Company) 9229 DELEGATES ROW, SUITE 245. (Address) INDIANAPOLIS, IN 46240 (City/State and Zip code) For further information concerning this matter, please call: at ( 317 ) 581-4070 DANIEL CHEUNG (Area Code & Daytime Telephone Number) (Name of Person)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

X \$25.00 Designation of Registered Agent

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 30 AM 9: 53

	00 Hit D. 00
. HARTLEY/DE RENZO, LLC	SEUNLIANY OF STATE
(Name of foreign limit	ted liability company)  GEORLIANY OF STATE  FALL AHASSEE, FLORIDA
	2 NA DECRETOR DEED DIFFEREN
DELAWARE	3. NA DISREGARDED ENTITY
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
tompuny is organized,	
JUNE 25, 2003	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to
	exist or "perpetual")
JUNE 25, 2003	e sections 608.501, 608.502, and 817.155, F.S.)
(Date first transacted business in Fiorida, (See	e sections 608.301, 608.302, and 817.133, F.S.)
6500 NW 70TH AVENUE	
OCALA, FL 34482	
	of principal office)
If limited liability company is a manager-managed con	mpany, check here 🗌
The name and usual business addresses of the manage	ing members or managers are as follows:
DEAN DE RENZO	_
6500 NW 70TH AVENUE	
0.00000 0000000000000000000000000000000	
OCALA, FL 34482	
<u> </u>	
Attached is an original certificate of existence, no mo	are than 90 days old, duly authenticated by the officia
having custody of records in the jurisdiction under th	· · · · · · · · · · · · · · · · · · ·
acceptable. If the certificate is in a foreign language,	- · · · · · · · · · · · · · · · · · · ·
translator must be submitted.)	THE PERSON OF THE PERSON WINDS OWNER OF THE
The state of sacratically	
Nature of business or purposes to be conducted or pr	romoted in Florida: <u>EQUIPMENT LEASING</u>
Louis M. Mer	ners, a.
Signature of a member or an author	orized representative of a member.
(In accordance with section 608.408(3), F.S.	
an affirmation under the penalties of perjury	
	that the facts stated herein are true.)
LQUIS M. MEI	

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE 9: 53 UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO LATE DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA PROPERTY.

22210111121112	,010.2102			TOM
1. The name of the	Limited Liability Company	is:		
HARTLEY/DE	RENZO, LLC			
2. The name and the	he Florida street address of	the registered age	ent and office are:	
_	LOUI	S M. MEINERS	S, JR	
		(Name)		
	200 AV	IATION DRIVE	E, SUITE 2	
_	Florida street	address (P.O. Box N	OT ACCEPTABLE)	
	NAPLES	FL	34104	
_		(City/State/Zip)		
company at the place agree to act in this and complete perfo	d as registered agent and to ce designated in this certificapacity. I further agree to rmance of my duties, and I provided for in Chapter 60  M. Memoro, for (Signature)	cate, I hereby acc comply with the j am familiar with	cept the appointment of provisions of all statu	as registered agent and tes relating to the proper

Filing Fee for Application

Certified Copy (optional)

**Designation of Registered Agent** 

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

5.00

\$

## Delaware

The First State

PAGE TILED
03 JUN 30 AM 9: 53

CAUCHTANT OF STATE TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HARTLEY/DE RENZO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2003.



3674822 8300

Warriet Smith Windson Secretary of State

AUTHENTICATION: 2495711

030421152 DATE: 06-25-03