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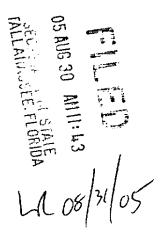
| (Req | uestor's Name) |) | | | |
|---|-----------------|-------------|--|--|--|
| DbA) | ress) | | | | |
| bbA) | ress) | | | | |
| (City) | /State/Zip/Phon | ne #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Busi | ness Entity Na | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: | GLENCOE LEASING, LLC | |
| | lame of Limited Liability Company) | |
| | Limited Liability Company for Authorization to Transact Business in check are submitted to register the above referenced foreign limited in Florida. | |
| Please return all correspondence conce | rning this matter to the following: | |
| | LOUIS M. MEINERS, JR. | |
| | (Name of Person) | |
| | ADVOCATE CONSULTING | |
| | (Firm/Company) | |
| 92 | 229 DELEGATES ROW, SUITE 245 | |
| | (Address) | |
| | INDIANAPOLIS, IN 46240 | |
| | (City/State and Zip Code) | |
| For further information concerning this | matter, please call: | |
| YOLANDA ROBINSON | at 317-581-4077 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| 409 E. Gaines Street | P.O. Box 6327 | |
| Tallahassee, Florida 32399 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following a | mount: | |
| X \$125.00 Filing Fee | Filing Fee & Status Sta | |

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:

| 1. | GLENCOE LEASING, LLC | | |
|-------------|--|---------------|--|
| | (Name of Foreign Li | mite | d Liability Company) |
| 2. | DELAWARE | 3. | 20-3360175 |
| | (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI number, if applicable) |
| 4. | AUGUST 24, 2005 | 5. | PERPETUAL |
| | (Date of Organization) | | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. | 9/1/2005 | | |
| | (Date first transacted business (See sections 608.501 & 608.50 | in F 2 F. | lorida, if prior to registration.) S. to determine penalty liability) |
| 7. | 625 CORAL WAY | | |
| | FT. LAUDERDALE, FL 33301 | | rincinal Office) |
| | (Street Address | of P | rincipal Office) |
| 8. | If limited liability company is a manager-managed of | om | - Tanana - |
| 9. | The name and usual business address of the managin | ng n | nembers or managers are as follows: |
| | GLENCOE MANAGEMENT, LLC | | P OF |
| | 625 CORAL WAY | | |
| | FT. LAUDERDALE, FL 3301 | | |
| hav If t | Attached is an original certificate of existence, no ming custody of records in the jurisdiction under the law ne certificate is in a foreign language, a translation mitted.) | of | which it is organized. (A photocopy is not acceptable. |
| 11. | Nature of business or purposes to be conducted or programme to the | | |
| | Signature of a member of an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury to | rize the e | ed representative of a member. |
| | LOUIS M. MEINERS, JR. | | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the Limited Liability Company is:

| GLENCOE LEA | ASING, LLC | | |
|--|--|---|--|
| 2. The name an | nd the Florida street addre | ess of the registered agent and offi | ce are: |
| | LOUIS M. MEINE | RS, JR. | |
| | | (Name) | |
| | 2640 GOLDEN GA | TE PARKWAY, SUITE 205 | |
| | Florida | a Street Address (P.O. Box <u>NOT</u> ACCEPTA | BLE) |
| | NAPLES | FL 34105 | |
| | | City/State/Zip | |
| company at the agree to act in t and complete pe | place designated in this this capacity. I further ag erformance of my duties, t as provided for in Chap | certificate, I hereby accept the appare to comply with the provisions | or the above stated limited liability pointment as registered agent and of all statutes relating to the proper the obligations of my position as |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLENCOE LEASING, 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-FOURTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLENCOE LEASING, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

OS AUG 30 AM II: 43



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 4114384

DATE: 08-24-05

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