# M0500006125

(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:
Openial institutions to 1 jing Onicel.

Office Use Only



800060970108

16/31/85-01997-1997 \*\*15.00

SECRETARY OF STATE STATE OF CORPORATIONS

OF OCT 31 PM 3: 01

#### COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT:	PRYCE-JO	-JONES LEASING, LLC				
	(N	ame of Limited	Liability Co	mpany)			
Florid	nclosed "Application by Fore a," Certificate of Existence, a ty company to transact busing	ind check are su	bility Comp bmitted to r	any for Auth egister the at	orization t oove refere	o Transact Business in enced foreign limited	
Please	e return all correspondence co	ncerning this m	atter to the	following:			
		LOUIS M.	MEINERS	, JR			
		(Nam	ne of Person	)			
		ADVOCATE CONSULTING					
		(Firm	n/Company	)			
	9	229 DELEGAT	ES ROW,	SUITE_245	5		
		(.	Address)				
		INDIANAPO	OLIS, IN	46240			
			te and Zip C			<del></del>	
For fu	arther information concerning	this matter, plea	ase call:				
	RACHEL HA	LL	at	317-	581-407	7	
(Name of Person)			(Area Code & Daytime Telephone Number)				
	MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	sed is a check for the following S \$125.00 Filing Fee □\$13	ng amount: 0.00 Filing Fee & Certificate of		Filing Fee & Certified Copy		Filing Fee, Certificate of Status & Certified Copy	

### 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.	PRYCE-JONES LEASING, LLC					
(Name of Foreign Limited Liability Company)						
2.	DELAWARE 3. 20-3687720  (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)					
4.	OCTOBER 26, 2005  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	OCTOBER 28, 2005  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	1170 HOLLY OAKS COURT					
	JACKSONVILLE, FL 32259					
	(Street Address of Principal Office)					
	If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:					
	ROBERT S. PRYCE JONES & SABINA L. PRICE JONES					
	1170 HOLLY OAKS COURT					
	JACKSONVILLE, FL 32259					
the tra	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida: _EQUIPMENT_LEASING					
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  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.

_

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 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 "PRYCE-JONES 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-SIXTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRYCE-JONES LEASING, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER,

A.D. 2005.

Warriet Smith Windson, Secretary of State

AUTHENTICATION: 4255160

DATE: 10-26-05

4051495 8300

050875945