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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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RECEIVED

11 JUN -9 AMID: 45

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Office Use Only

B. KOHR

JUN 9 2011

EXAMINER





ACCOUNT NO. : 12000000195

REFERENCE :

7799668

'AUTHORIZATION : C

COST LIMIT :

ORDER DATE: May 25, 2011

ORDER TIME : 9:35 AM

ORDER NO. : 790754-001

CUSTOMER NO:

7799668

FOREIGN FILINGS

NAME: AMERICORP LEASING, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young -- EXT# 2962

EXAMINER:

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:

	3 IIA LUIS DIVITE OL LITOMONE
1 AMERICORP LEASING, LLC	
(Name of Foreign Limited Liability Company; rr	nust include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for t	he purpose of transacting business in Florida and attach a copy of the writte
consent of the managers or managing members adopting	g the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")	
_{2.} DE	3.
(Jurisdiction under the law of which foreign limited li company is organized)	
,,	2
4. 05-16-2011	5. <u>respetual</u> = or
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")
	T.
6. Date first transacted busine	ess in Florida, if prior to registration.)
(See sections 608.501 & 608.	.502 F.S. to determine penalty liability)
, 382 NE 191ST ST MIAMI,FL,33179	(Duration: Year limited liability company will cease exist or "perpetual") ess in Florida, if prior to registration.) 502 F.S. to determine penalty liability)
·	
(Street	Address of Principal Office)
a special to a six six six six	
 If limited liability company is a manager-ma 	anaged company, check here
The name and usual business addresses of the	ne managing members or managers are as follows:
382 NE 1915+	54. Miam: , F1 33129
	-
Zaven Tootikior	
•	
Attached is an original cartificate of artistance my more	than 90 days old, duly authenticated by the official having custody of records i
e jurisdiction under the law of which it is organized. (A ri	hotocopy is not acceptable. If the certificate is in a foreign language, a
anslation of the certificate under oath of the translator mus	
	·
1. Nature of business or purposes to be condu	cted or promoted in Florida: Nicos - ticket
essigment leasing.	
	7
Signature of a mambar or	r an authorized representative of a member.
(In accordance with section 608.4	r an authorized representative of a memoer. 108(3), F.S., the execution of this document constitutes
an affirmation under the penaltic	s of perjury that the facts stated herein are true.)
ZAVEN TOOTIKIA	N
Typed or r	orinted 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	of the Limited Liability Con	npany is:
AMERICOF	RP LEASING, LLC	
If name unava	ilable, the alternate name to	be used in the state of Florida is:
2. The name a	nd the Florida street addres	ss of the registered agent and office are:
	Corporation Service ((Name)
-	• •	(Manie)
	1201 Hays Street	
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)
	Tallahassee	FL 32301
		City/State/Zip

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.

Corporation Service Company

BY:

(Signature)

Matthew Young

Asst. V. Pres.

\$ 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

The First State

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

DELAWARE, DO HEREBY CERTIFY "AMERICORP 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 EIGHTH DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICORP LEASING, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MAY, A.D. 2011.

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

4982940 8300

110699689

AUTHENT CATION: 8817605

DATE: 06-08-11

You may verify this certificate online at corp. delaware. gov/authver.shtml

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:

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1. AMERICORP LEASING, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the we consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. DE
2. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4 05-16-2011 5 Percentury
4. 05-16-2011 (Date of Organization) 5. Corpetion (Duration: Year limited liability company will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 382 NE 191ST ST MIAMI,FL,33179
(Street Address of Principal Office)
3. If limited liability company is a manager-managed company, check here
7. The name and usual business addresses of the managing members or managers are as follows:
382 NE 1915+ St. Miam: , F1 33179
taran da antara da a
Zaven Trotikion
0. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recon
re jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
anslation of the catificate under eath of the translator must be submitted.)
4 NY 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1. Nature of business or purposes to be conducted or promoted in Florida: Nature of business or purposes to be conducted or promoted in Florida:
- RANDMERT leasing.
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
aver at
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 perjuty that the facts stated herein are true.)
ZAVEN TOOTIKIAN
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:	
AMERICORP LEASING, LLC	
If name unavailable, the alternate name to be used in the state of Flo	rida is:
2. The name and the Florida street address of the registered agent at	ad office are:
Corporation Service Company	
(Name)	<u> </u>
1201 Hays Street	,
Florida Street Address (P.O. Box NOT ACCEPT	'ABLE')
Tallahassee _{FL} 32301	
City/State/Zip	
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby as agent and agree to act in this capacity. I further agree to comply with relating to the proper and complete performance of my duties, and I am obligations of my position as registered agent as provided for in Chapte Corporation Service Company Matthew Young Asst. V. Pres.	cept the appointment as registered the provisions of all statutes n familiar with and accept the
\$ 100.00 Filing Fee for Applica	
\$ 25.00 Designation of Regist \$ 30.00 Certified Copy (option	
\$ 5.00 Certificate of Status (•

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The First State

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