

**M12000005718**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H12000248465 3)))



H120002484653ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC  
Account Number : 120090000001  
Phone : (239) 213-0066  
Fax Number : (239) 213-0698

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
IF LEASING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
12 OCT 12 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 OCT 12 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT-12-2012 FRI 08:11 AM

FAX NO.

P. 02

((H12000248465 3)))

COVER LETTER

ATX1

TO: Registration Section  
Division of Corporations

SUBJECT: IF LEASING, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RACHEL HALL  
Name of Person

ADVOCATE CONSULTING / LEGAL GROUP, PLLC  
Firm/Company

3073 HORSESHOE DR S STE 210  
Address

NAPLES, FL 34104  
City/State and Zip Code

RACHELH@ADVOCATETAX.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL HALL at (239) 213-0066  
Name of Person Area Code & Daytime Telephone Number

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

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2561 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$180.00 Filing Fee, Certificate of Status & Certified Copy

((H12000248465 3)))

OCT-12-2012 FRI 08:11 AM

FAX NO.

(( (H12000248465 3)))

P. 03

ATX1

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER  
A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. IF 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  
written consent of the managers or managing members adopting the alternate name. The alternate name must include  
"Limited Liability Company," "L.L.C.," "LLC.")

2. GEORGIA

(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 46-1016066

(FEI number, if applicable)

4. 9/19/2012

(Date of Organization)

5. PERPETUAL

(Duration; Year limited liability company will cease to  
exist or "perpetual")

6. 10/12/2012

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1725 US HIGHWAY 1 SOUTH

ALMA, GA 31510

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

INDUSTRIAL FORGE, INC.

1725 US HIGHWAY 1 SOUTH

ALMA, GA 31510

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having  
custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the  
certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. 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. I am aware that any false information submitted in a  
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

TED MURRAY

Typed or printed name of signee

(( (H12000248465 3)))

OCT-12-2012 FR! 08:11 AM

FAX NO.

P. 04

(( (H12000248465 3) ))

48-1016066 ATX1

**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:

IF LEASING, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

TED MURRAY

(Name)

143 VIA CATALUNHA

Florida Street Address (P.O. Box NOT ACCEPTABLE)

JUPITER

FL 33458

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.



(Signature)

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

(( (H12000248465 3) ))

FILED  
12 OCT 12 AM 8:16  
RECEIVED  
TALLAHASSEE, FLORIDA

Control No. 12075045

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

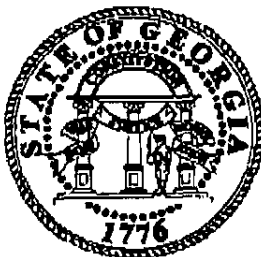
#### IF LEASING, LLC

##### Domestic Limited Liability Company

was formed or was authorized to transact business on 09/19/2012 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of October, 2012

*B. P. Kemp*

Brian P. Kemp  
Secretary of State