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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Silver Oak Leasing, Inc (PROPOSED CORPORAL	:. E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed is an origina	ıl and one(1) copy of the article	es of incorporation and a	-11/15/11	652960 001002003 .75 *****78.75
S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Steven Okrent Name (Pr	inted or typed)	·····	
	6250 N. Andrews Avenue, Suite 104 Address			
	Ft. Landerdale, FL 3330 City,	99 State & Zip	·	2000 N SECR

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(954) 771-7253

Ec 11/16

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Silver Oak Leasing, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6250 N. Andrews Avenue, Suite 104 Ft. Lauderdale, FL 33309

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Leasing Equipment, Furniture, Autos, etc.

#### ARTICLE IV SHARES

The number of shares of stock is:

1,000

# ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

Steven Okrent, President Valerie Silverman, Secretary/Treasurer

### REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

Steven Okrent 6250 N. Andrews Avenue, Suite 104 Ft. Lauderdale, FL 33309

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Steven Okrent 6250 N. Andrews Avenue, Suite 104 Ft Lauderdale, FL 33309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

10-31-00 Date

SECRETARY OF STATE