

P00000 117503

TRANSMITTAL LETTER

FILED
DEC 20 PM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

400003508514--7
-12/20/00--01034--006
*****87.50 *****87.50

SUBJECT: AUTOLEASE AMERICA, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KAREN M. WILSON
Name (Printed or typed)

211 GARDEN LN.
Address

LONGWOOD, FL. 32750
City, State & Zip

407- 332 1683
Daytime Telephone number

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

CB 12-27

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:

AUTOLEASE AMERICA, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

211 GARDEN LN.
LONGWOOD, FL. 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT BUSINESS OF AUTO LEASING & SALES
UNDER THE NAME OF: AUTOLEASE AMERICA, INC

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KAREN M. WILSON - 211 GARDEN LN. LONGWOOD, FL. 32750

HARRY A. WILSON - 211 GARDEN LN. LONGWOOD, FL. 32750

ARTICLE VI REGISTERED AGENT

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

KAREN M WILSON -
211 GARDEN LN.
LONGWOOD, FL. 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KAREN M. WILSON
211 GARDEN LN.
LONGWOOD, FL. 32750

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA