TRANSMITTAL LETTER

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

FILED 01 JUN 15 AM 9:54

лвј е СТ:е-	-leasing, Inc.		
/DJEC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	JDE SUFFIX)
			0000442232/ -06/15/0101055 ******78.75 ****
nclosed is an origin	al and one(1) copy of the articl	es of incorporation and a	CILECK TOI .
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
			``
FROM	: Michael H Losey Name (F	rinted or typed)	
	84 N Washington Dr		
,		Address	
	Sarasota, FL 34236		<u>1</u>
	City	, State & Zip	
	0/1 200 20/0		

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

Daytime Telephone number

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 6	21, F.S. (Profit)	
ARTICLE I NAME	-	FILE
The name of the corporation shall be:	_ և . բու Էրտերք՝ - և դանագարկը, Մոկա, նե տատարյացնել մեջեր մակնում , ,	OI JUN 15 AM 9:54
e-leasing, Inc.		JUN 15 M
		TALECNETAGE HM 9:54
ARTICLE II PRINCIPAL OFFICE		TEMPLASSER UF STATE
The principal place of business/mailing address is:	er war e e e e e a a ras ar merenen en en e	TLORIOA
400 Madison Ave, Suite 200	· · · · · · · · · · · · · · · · · · ·	
Sarasota, FL 34236		
ADDICT E III DIDDOSE		
ARTICLE III PURPOSE The purpose for which the corporation is organiz	ed is:	
The purpose for which the corporation to organize		
For Profit		<u>-</u>
ARTICLE IV SHARES	y na sa manda akka sakuunguda da da na sadasanggan y	200 () and () and () and ()
The number of shares of stock is:		
1,000,000	· · · · · · · · · · · · · · · ·	-
ARTICLE V INITIAL OFFICERS/DIRI	ECTORS (optional)	
The name(s) and address(es):		
Michael H Losey 84 N Washington Dr	•	
Sarasota, FL 34236		
ARTICLE VI REGISTERED AGEN The name and Florida street address of the reg		
Michael H Losey		
84 N Washington Dr		
Sarasota, FL 34236	بالمناسبين والمناسبين	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:	. I Amou	
Michael H Losey		
84 N Washington Dr.		
Sarasota, FL 34236		
************	**********	exxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointmen	oj process jor ine avove siatea corp t as registered agent and agree to ac	t in this capacity
OA 1 21		- Leading to the second
mulas At they	· · · · · · · · · · · · · · · · · · ·	_ 6/14/01
Signature/Registered Agent		Date
000 11 /1		- chil
Mukal MI As	<u> </u>	614101
Signature/Incorporator		Date