# P07000074928

(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

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SECRETARY OF STATE

J. 6. 28

# **COVER LETTER**

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

SUBJECT: S, PENNINGTON LEASING	INC,	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	d a check for:
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  DPY REQUIRED
FROM: S, PENNINGTON LEASING I	NC, (Printed or typed)	
P,O,BOX 1882		
A	Address	
BOCA RATON FLORIDA		
City, s	State & Zip	
561-213-2486		
Daytime Te	elephone number	

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



June 18, 2007

S. PENNINGTON LEASING INC. P.O. BOX 1882 BOCA RATON, FL 33429

SUBJECT: S. PENNINGTON LEASING INC.

Ref. Number: W07000028611

We have received your document for S. PENNINGTON LEASING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Document Specialist New Filing Section

Letter Number: 707A00040367

# S, PENNINGTON LEASING INC, P, O, BOX 1882 BOCA RATON FLORIDA 33429

Phone (561)-231-2486

State of Florida Department of Corporations

ATT, Carolyn Lewis

**FAX TO, 850-245-6804** 



## AFFIDAVIT NOTICE,

To Whom It May Concern:

This is a affidavit notice for S, Pennington Leasing Inc, this is May Corporation Document Number – P05000090145, And I am releasing the name to be used in the New Corporation, Witch is (S, Pennington Leasing Inc), to be reopen and receive a New Document Number, If to have any question you can call me at (561) 213-2486,

Thank you,

1. Her# 767A00040367

#### 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:

S, PENNINGTON LEASING INC.



## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2200 BOCA RATON BLV, MAIL ADDRESS IS: P.O., box 1882 Boca Raton Florida 33429

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LEASING AND LENDING

#### ARTICLE IV SHARES

The number of shares of stock is:

10,000

## ARTICLE V \_\_INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT.

ORSOMARSO MIKE

P.O. BOX 1882 BOCA RATON

**FLORIDA 33429** 

DO NOT CHANGE WITH OUT CONTACKING MIKE ORSOMARSO,

#### ARTICLE VI \_\_\_ REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ORSOMARSO MIKE

2200 BOCARATON BIVA.

Boca Raton, FL. 33429

#### ARTICLE VII \_\_ INCORPORATOR

The name and address of the Incorporator is:

MIKE ORSOMARSO

S-PENNINGTON LEASING INC.

P,O, BOX 1882 BOCA RATON

FLORIDA 33429

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

Comparison

Signature/Incorporator

Date