

P10000019029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

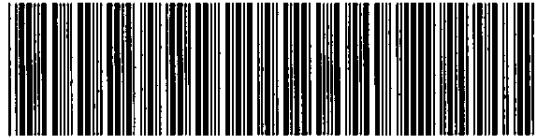
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600170424526

03/02/10--01035--024 **128.75

FILED
10 MAR -2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 3/3/10

CERTIFICATE OF DOMESTICATION

The undersigned, SCOTT W. OLSON, PRESIDENT,
(Name) (Title)

of SCOTT W. OLSON LEASING, INC. a foreign corporation,
(Corporation Name)

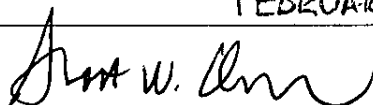
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was 12-8, 2004.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was NEBRASKA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was SCOTT W. OLSON LEASING, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is SCOTT W. OLSON LEASING, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law immediately before the filing of the Certificate of Domestication was _____.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am SCOTT W. OLSON, of SCOTT W. OLSON LEASING, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 25 day of FEBRUARY, 2010.



(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

COVER LETTER

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

SUBJECT: SCOTT W. OLSON LEASING, INC.

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

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

SCOTT W. OLSON LEASING, INC.
Name (printed or typed)

5032 SW. 11TH. PLACE
Address

CAPE CORAL, FL,
City, State & Zip

402-957-5163
Daytime Telephone Number

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

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

SCOTT W. OLSON LEASING, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

5032 SW. 11TH. PLACE, CAPE CORAL, FL. 33914

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

TRACTOR TRAILER LEASING

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

250

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

PRESIDENT: SCOTT W. OLSON, 5032 SW. 11TH. PLACE, CAPE CORAL, FL. 33914
VICE PRESIDENT: SCOTT W. OLSON, 5032 SW. 11TH PLACE, CAPE CORAL, FL. 33914
SEC. TREASURER: SCOTT W. OLSON, 5032 SW. 11TH PLACE, CAPE CORAL, FL. 33914

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

SCOTT W. OLSON
5032 SW. 11TH. PLACE
CAPE CORAL, FL. 33914

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

SCOTT W. OLSON
5032 SW. 11TH. PLACE
CAPE CORAL, FL. 33914

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

FILED
10 MAR -2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-25-10

2-25-10