

P110000036007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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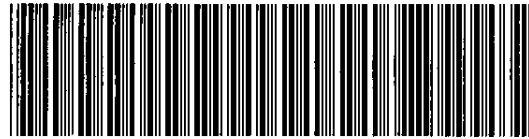
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-13-11

COVER LETTER

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

SUBJECT: CORICO LEASING, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Corey Niezgoda

Name (Printed or typed)

11091 Corsia Trieste #206

Address

Bonita Springs, FL 34135

City, State & Zip

800-274-8265

Daytime Telephone number

CNiezgoda@qualitydistribution.com ✓

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME CORICO LEASING, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
11091 Corsia Trieste
#206
Bonita Springs, FL 34135

Mailing address, if different is:
1431 McHenry Road
Suite 216
Buffalo Grove, IL 60089-1378

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Corey Niezgoda, President	Name and Title: _____
Address: 11091 Corsia Trieste #206	Address: _____
Bonita Springs, FL 34135	_____

Name and Title: Kim Niezgoda, Secretary	Name and Title: _____
Address: 11091 Corsia Trieste #206	Address: _____
Bonita Springs, FL 34135	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Corey Niezgoda
Address: 11091 Corsia Trieste #206
Bonita Springs, FL 34135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Corey Niezgoda
Address: 11091 Corsia Trieste #206
Bonita Springs, FL 34135

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

Corey L. Niezgoda

Required Signature/Registered Agent

March 28, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Corey L. Niezgoda

Required Signature/Incorporator

March 28, 2011

Date

2011 APR 12 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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