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PICK-UP	■ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE ALLAHASSEE FLORIDA

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## **COVER LETTER**

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

<sub>SUBJECT:</sub> K W	Leasing Co.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: A	leksandra Krasir	nski e (Printed or typed)	
12	275 Barclay Blvd		
		Address	
В	uffalo Grove, IL (		
_	•	, State & Zip	
84	17-495-3076		
		Telephone number	
<u>Al</u>	eksandra.Krasins	_	
	E-mail address: (to be use	ed for future annual report	nouncation)

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

ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ad	dress, if different is:
	657 SW 9th Terrace		·
	Pompano Beach, FL 33069		
RTICLE III	PURPOSE	-	
	which the corporation is organized is:		
To act a	s an equipment leasing com	pany.	
ARTICLE IV	SHARES hares of stock is: 1,000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	RS	
	Title: Keith Cunningham/Director		
Address:	657 SW 9th Terrace	Address:	
	Pompano Beach, FL 33069		
N.T. 1	TOTAL Marene Marene	None and Widos	
	Title: Warren Munroe 657 SW 9th Terrace		
Address:	Pompano Beach, FL 33069	Address:	
	Pompano Beach, PL 33009		A S to
Name and	Title:	Name and Title:	
Address:		Address:	문법: 🗻
11001001			SO TO
		<del>-</del>	771/m TU i i
RTICLE VI	REGISTERED AGENT		H 2: 19
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	2: 19 STATE FLORID
Name:	Warren Munroe		65 <b>5</b>
Address:	657 SW 9th Terrace		<b>≯</b> ''' <u> </u>
	Pompano Beach, FL 33069	<del>_</del>	
RTICLE VII			
he <u>name and a</u>	ddress of the Incorporator is:		
Name:	Warren Munroe	<del></del>	· · · · · ·
Address:	657 SW 9th Terrace		
	Pompano Beach, FL 33069	<del></del>	
Iavina hoon na	med as registered agent to accept service of proce	ess for the above stated corner	ration at the place designated
	am familiar will and accept the appointment as r		
us cerujicate, i	am junutur was und accept the appointment as r	egusterea agent ana agree to a	ici in ims cupacity
114	~ CM6		12/24/11
900	7/00/		10/0/1/15
/	Required Signature/Registered Agent		Date
submit this do	cument and affirm that the facts stated herein ar	e true. I am aware that the f	alse information submitted in
	Department of State constitutes a third degree felo		
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