

713000007943

(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



300243664263

01/23/13--01018--024 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 23 AM 11:50

FILED

COVER LETTER

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

SUBJECT: Road Runner Leasing Co.

(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: Aleksandra Krasinski

Name (Printed or typed)

1275 Barclay Blvd.

Address

Buffalo Grove, IL 60089

City, State & Zip

847-495-3076

Daytime Telephone number

Aleksandra.Krasinski@STA-IS.com

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

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

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: **Road Runner Leasing Co.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
5500 Saint Lucie Boulevard
Fort Pierce, FL 34946

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To act as an equipment leasing company.**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marilyn J. Minix
Address: 5500 Saint Lucie Boulevard
Fort Pierce, FL 34946

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marilyn J. Minix
Address: 5500 Saint Lucie Boulevard
Fort Pierce, FL 34946

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marilyn J. Minix
Address: 5500 Saint Lucie Boulevard
Fort Pierce, FL 34946

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

Marilyn J. Minix
Required Signature/Registered Agent

1/14/13
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.

Marilyn J. Minix
Required Signature/Incorporator

1/14/13
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 23 AM 11:50

FILED