PISOCOANAI

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nar	me)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



000273084770

05/21/15--01023--007 **78.75



WIS-36505

COVER LETTER

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

SUBJECT: Bak	cer Gl	ass Leasing, Inc.		
SUBJECT:		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:
☐ \$70.0 Filing Fo		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
	ADDITIONAL COPY REQ		OPY REQUIRED	
FROM	Kirs	ten Kappus Nam	e (Printed or typed)	
	1275	Barclay Blvd		
			Address	
	Buff	alo Grove, IL 60089		
		City,	State & Zip	
	877-	894-0073		
		Daytime 7	Celephone number	
		E-mail address: (to be use	d for future annual report	notification)

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



May 22, 2015

KRISTEN KAPPUS 1275 BARCLAY BLVD BUFFALO GROVE, IL 60089

SUBJECT: BAKER GLASS LEASING, INC.

Ref. Number: W15000036505

We have received your document for BAKER GLASS 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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) 245-6052.

Letter Number: 615A00010908

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

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

ICLE II PRINC	TPAL OFFICE		
	Principal street address		Mailing address, if different is:
3 Cassat Avenue			
ksonville, FL 32205			
TICLE III PURPO e purpose for which t	OSE the corporation is organized is:	t as an equipment leasing	company
TICLE IV SHAR.	ES		12
e number of shares of	stock is: 1000 AL OFFICERS AND/OR DIRECTO Mack R. Pechles Ir. PD		Beverly A. Peebles, VP
Name and Title	stock is: 1000 AL OFFICERS AND/OR DIRECTO BY Mack R. Peebles Jr., PD	Name and Title	Beverly A. Peebles, VP
e number of shares of	stock is: 1000 AL OFFICERS AND/OR DIRECTO Mack R. Pechles Ir. PD		·
e number of shares of TICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTO Mack R. Peebles Jr., PD 1403 Cassat Avenue	Name and Title	1403 Cassat Avenue
e number of shares of TICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTO E: Mack R. Peebles Jr., PD 1403 Cassat Avenue Jacksonville, FL 32205	Name and Title	1403 Cassat Avenue Jacksonville, FL 32205
e number of shares of TICLE V INITIA Name and Title Address	AL OFFICERS AND/OR DIRECTO E: Mack R. Peebles Jr., PD 1403 Cassat Avenue Jacksonville, FL 32205	Name and Title Address: Name and Title	1403 Cassat Avenue Jacksonville, FL 32205
number of shares of TICLE V INITIA Name and Title Address Name and Title	Mack R. Peebles Jr., PD 1403 Cassat Avenue Jacksonville, FL 32205	Name and Title Address: Name and Title: Address:	Jacksonville, FL 32205
number of shares of TICLE V INITIA Name and Title Address Name and Title	Mack R. Peebles Jr., PD 1403 Cassat Avenue Jacksonville, FL 32205	Name and Title Address: Name and Title Address: Address:	Jacksonville, FL 32205
number of shares of TICLE V INITIA Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTO Mack R. Peebles Jr., PD 1403 Cassat Avenue Jacksonville, FL 32205	Name and Title Address: Name and Title Address: Address:	Jacksonville, FL 32205
number of shares of TICLE V INITIA Name and Title Address Name and Title Address	Mack R. Peebles Jr., PD 1403 Cassat Avenue Jacksonville, FL 32205	Name and Title Address: Name and Title Address: Address:	Jacksonville, FL 32205

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	REGISTERED AGENT	and land the majetoned execution	
•	Florida street address (P.O. Box NOT acc Mack R. Peebles Jr.	epiable) of the registered agent is.	
lame:	1403 Cassat Avenue		
Address:	Jacksonville, FL 32205		
			5
RTICLE VII	<u>INCORPORATOR</u>		E T
he <u>name and a</u>	ddress of the Incorporator is:		co C
Name:	Mack R. Peebles Jr.	·	
Address:	1403 Cassat Avenue		9.0
	Jacksonville, FL 32205		Constitution of the Consti
RTICLE VIII ffective date, if	f other than the date of filing:	(OPTIONAL) and cannot be more than five business day	
f an effective (ays after the fi		and cannot be more than five dusiness day	s prior or 90 dusiness
ote: If the date	e inserted in this block does not meet the	applicable statutory filing requirements, this	date will not be listed as
e document's o	effective date on the Department of State's	s records.	
aving been na	med as registered agent to accept service	of process for the above stated corporation of the	at the place designated in his capacity
ته دوبه بازده ده. مرارک	1 10 0.11	the start of the s	(-7-11
<u> </u>	Required Signature/Registered	Agent	Date
V Submit this do	cument and affirm that the facts stated I	nerein are true. I am aware that the false in	formation submitted in a
ocument to the	Department of State constitutes a third de	egree felony as provided for in s.817.155, F.S	
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