

P160000030699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

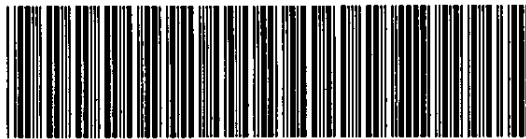
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 4/7

COVER LETTER

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

SUBJECT: FSI Systems 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Kirsten Kappus

Name (Printed or typed)

1275 Barclay Blvd

Address

Buffalo Grove, IL 60089

City, State & Zip

877-894-0073

Daytime Telephone number

kirsten.kappus@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: FSI Systems Leasing, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2721 Roosevelt Blvd
Clearwater, FL 33760

Mailing address, if different is:
PO Box 17371
Clearwater, FL 33762

ARTICLE III PURPOSE

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

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mina Bayood/Director

Address: PO Box 17371
Clearwater, FL 33762

Name and Title: Byron Scott/Director

Address: PO Box 17371
Clearwater, FL 33762

Name and Title: Stephen Bussinah/Director

Address: PO Box 17371
Clearwater, FL 33762

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Mina Bayood
Address: 2721 Roosevelt Blvd
Clearwater, FL 33760

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mina Bayood
Address: 2721 Roosevelt Blvd
Clearwater, FL 33760

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent 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.

Required Signature/Incorporator Date

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ALLAHASSEE, FLORIDA