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Certified Copies	_ Certificates	s of Status
On a civil for the street of the	Ell's a Office and	
Special Instructions to	Filing Officer:	:

Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

**SUBJECT:** 

Boston Leasing Group Co.

Enclosed are an	original and one (1) copy of the a	ticles of incorporation and	d a check for:
☐ \$70. Filing F		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM		ne (Printed or typed)	
	105 Wilderness Drive # 208	31/	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Naples, FL 34105		
	City	, State & Zip	***************************************
	508-380-6500		
	Daytime	Telephone number	
	Michaeltfach@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)

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

Note: Beston Learney group 6. was incorporated in 1988 in Delawere and is currently a Dh Corporation.

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

ARTICLE I NAME The name of the corporate	Boston Leasing Group Co ion shall be:		
105 Wilderness Drive #	IPAL OFFICE Principal street address 208	Mailing ad	dress, if different is:
Naples, FL 34105			
ARTICLE III PURPO The purpose for which the	OSE Real Es he corporation is organized is:	tate Activities	
			<b>A</b> C. <b>**</b>
ARTICLE IV SHARI The number of shares of		,	FILED  B HAR IS AM  CARLIANI OF  LLAHASSEE, F
ARTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS Fach, Michael T. President	Name and Title:	
Address	105 Wilderness Drive (Unit 208)	Address:	
	Naples, FL 34105	<del></del>	
Name and Title:		Name and Title:	
Address		Address:	
			· · · · · · · · · · · · · · · · · · ·
Name and Title:		Name and Title:	
Address		Address:	

Name a	and Title:	Name and Title:
Addre	SS	Address:
		<del></del>
	<del>- "</del>	
	REGISTERED AGENT	
Name:	Florida street address (P.O. Box NOT accept Michael T. Fach	ible) of the registered agent is:
Address:	105 Wilderness Drive # 208	
	Naples, FL 34105	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	SECRATE
The name and	address of the Incorporator is:	MAR I
Name:	Michael T. Fach	NSSEI 15 15
Address:	105 Wilderness Drive # 208	
	Naples, FL 34105	
Effective date, (If an effective	<u>EFFECTIVE DATE:</u> if other than the date of filing: date is listed, the date must be specific and	. (OPTIONAL)  cannot be more than five days prior or 90 days after the
	te inserted in this block does not meet the apple effective date on the Department of State's re-	icable statutory filing requirements, this date will not be listed as cords.
this certificate,	I am familiar with and accept the appointmen	process for the above stated corporation at the place designated in tas registered agent and agree to act in this capacity
_ M	Required Signature/Registered Age	3/7/18
I submit this de	ocument and affirm that the facts stated here	in are true. I am aware that the false information submitted in a
document to the	e Department of State constitutes a third degre	e felony as provided for in s.817.155, F.S.
Req	uired Signature/Incorporator	Date