

**P18000082445**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : UNISEARCH, INC.  
Account Number : I2015C000103  
Phone : (612) 219-4300  
Fax Number : (651) 666-2789

Submitted  
10/2/2018

18 OCT -2 AM 9:45

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**CPF Leasing, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

*B Malcom*

*10/3/18*

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: CPF Leasing, Inc.

**ARTICLE II PRINCIPAL OFFICE**Principal street address

2020 W. Beaver Street

Jacksonville, FL 32209

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Holding company and leasing assets.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dean M. Atkinson

Name and Title:

Address Director, President, Secretary &amp; Treasurer

Address:

2020 W. Beaver Street

Jacksonville, FL 32209

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

OCT 12 AM 9:45  
FALL 2018

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: Dean M. Atkinson  
Address: 2020 W. Beaver Street  
Jacksonville, FL 32209

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Dean M. Atkinson  
Address: 2020 W. Beaver Street  
Jacksonville, FL 32209

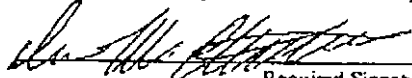
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

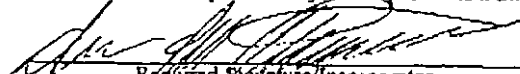
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10-1-18  
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

10-1-18  
Date

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18 OCT -2 AM 9:45  
CLERK  
FALLA