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Account Number : I20020000148
Phone : (561)844-3600
Fax Number : (561)842-4104

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

Email Address: LR@CohenNorris.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
EAST COAST LEASING GROUP, INC.**

Certificate of Status	1
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COVER LETTER

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Division of Corporations
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SUBJECT: EAST COAST LEASING GROUP, 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
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☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
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 Status
ADDITIONAL COPY REQUIRED

FROM: PETER R. RAY, ESQ.

Name (Printed or typed)

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen
Address

712 U.S. Highway One, Suite 400, North Palm Beach, FL 33408
City, State & Zip

561-844-3600

Daytime Telephone number

KD@CohenNorris.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: EAST COAST LEASING GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
125 VENUS STREET
JUPITER, FL 33458

Mailing address, if different is:
125 VENUS STREET
Jupiter, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JONATHAN BRAUNWORTH

Name and Title: _____

Address 125 VENUS STREET
Jupiter, FL 33458

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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JUPITER, FL 33458

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: PETER R. RAY, ESQ.Address: 712 U.S. Highway One, Suite 400North Palm Beach, FL 33408**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Peter R. Ray, Esq.Address: 712 U.S. Highway One, Suite 400North Palm Beach, FL 33408**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 Agent4-5-2022
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/Incorporator4-5-2022
DateFILED
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TALLAHASSEE, FLORIDA