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ID Number: 0011112927



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Division of Business Services
148 W. River Street
Providence, Rhode Island 02904-2615

2017 JUN -7 AM 10:05
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island and for that purpose submits the following statement:

2017 JUN 21 AM 11:21
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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

- The name of the corporation is CERTIFIED ALTERNATIVE LEASE CORP.
- It is incorporated under the laws of NEW JERSEY
- It is not transacting business in the state of Rhode Island.
- It hereby surrenders its authority to transact business in the state of Rhode Island.
- It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
- The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State: 300 HORIZON DR. STE 308, HAMILTON, NJ 08621
- As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
- If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
- This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/21/17

FILED

JUN 21 2017

BY CA 306551

11:21

[Signature]
Signature of Authorized Officer of the Corporation

CHRISTOPHER...
Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

June 21, 2017 11:21 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

