COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
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Articles of Incorporation
Profit Corporation

PAI

Pursuant to KRS 14A and KRS 271B, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is CDC Equipment Leasing Inc

Article II: The number of shares the corporation is authorized to issue is 100

Article III: The street address of the corporation's initial registered office in Kentucky is

1011 Augusta Dr	Lawrenceburg	KY	40342
Street Address (No Post Office Box Numbers)	**City**	**State**	**Zip Code**

and the name of the initial registered agent at that office is Susan Cutts

Article IV: The mailing address of the corporation's principal office is

1011 Augusta Drive	Lawrenceburg	KY	40342
Street Address or Post Office Box Number	**City**	**State**	**Zip Code**

Article V: The name and mailing address of the incorporator is as follows:

Name	**Street Address or Post Office Box Number**	**City**	**State**	**Zip Code**
Name	**Street Address or Post Office Box Number**	**City**	**State**	**Zip Code**
Name	**Street Address or Post Office Box Number**	**City**	**State**	**Zip Code**

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is January 10 2012
(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Susan Cutts	Susan Cutts	President	01/10/2012
Signature of Incorporator	**Printed Name**	**Title**	**Date**

I, Susan Cutts, consent to serve as the registered agent on behalf of the corporation.
Print Name of Registered Agent

Susan Cutts	Susan Cutts	President	01/10/2012
Signature of Registered Agent	**Printed Name**	**Title**	**Date**

(01/12)