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	CT Corporation System 660 East Jefferson StreetDATE: \int / \mathcal{U} Tallahassee, FL 32301 $300003367313-5$ $-08/22/00-01044-023$ ******78.75850-222-1092******78.75
_	Corporation(s) Name
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	ARAJWAIK III Please Return Filed Stamped Copies To: Jeffrey Butterfield Thank You!

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
2. <u>Delaware</u> (State or country under the law of which it is incorporated) 4. <u>Slylob</u> (Date of incorporation) 3. <u>Applied for</u> (FEI number, if applicable) 3. <u>Applied for</u> (FEI number, if applicable) (Duration: Year corp. will cease to exist or "perpetual")
6. <u>Upon Ovalification</u> (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. <u>110 S. E. Leth Street, Joth Floor</u> <u>Tort Lauderd Ahe, FL 33301</u> (Current mailing address)
 Any Law Feel Astivity on act authorized under ine laws of Floride (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: <u>C T Corporation System</u>
Office Address: 1200 South Pine Island Road Plantation , Florida, 33324 (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the distribution of the provision as registered agent.

the obligations of my position as registered agent. C T Gorporation System VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY A (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: _ Address: _ Vice Chairman: Address: lichAeL inone. Director: S. Address: _(10 32 derdal 0 and D ha Director: Jonat Address: _110_S 3330) IFL Proste B. OFFICERS (Street address only - P.O. Box NOT acceptable) SALHAN President: Ronald 79 6th STIPPT 6 Address: 110 FORT La uderdate 33 unndu Vice President: 500 A+h Address: 110 auderda Dr Sonath. Secretary: ___ $U \cap$ Address: 30 derdAle Treasurer: MARO BOVI steet Address: 110 - Lauderd the, FL NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 13. N. Ferlando, Vice President & Search (Typed or printed name and capacity of person signing application) Az OnA+ 14.

State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTONATION IMPORTS OF LONGWOOD, OF INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS_IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2000.

AND I-DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION: 0629459

3268572 8300

DATE: 08-21-00

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