

Document Number Only

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C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

CORPORATION(S) NAME

200002379122--9

-12/22/97--01071--001

***5965.00 ***5965.00

200002379122--9

-12/22/97--01071--002

***122.50 ***122.50

AMN Receivables Finance Corp.

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DIVISION OF CORPORATIONS

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12/22

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- NonProfit
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- Limited Partnership
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THANKS, MELANIE ©

Please call
Melanie if
there is not enough
money for C.C.
S. M. S.

TRANSMITTAL LETTER

**TO: Qualification/Tax Lien Section
Division of Corporations**

**SUBJECT: AMN Receivables Finance Corp.
(Name of corporation - must include suffix)**

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check arc submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patricia A. Duvall
(Name of Person)

AMN Receivables Finance Corp.
(Firm/Company)

7700 W. Camino Real, Ste 400
(Address)

Boca Raton, FL 33433
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Patricia A. Duvall at (561) 416-5701
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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:

1. AMN Receivables Finance Corp.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 65-0418871
(FEI number, if applicable)
4. 12/3/92
(Date of Incorporation)
5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. 12-3-92
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 7700 W. Camino Real, Ste 400
Boca Raton, FL 33433
(Current mailing address)
8. AMN purchases retail motor vehicle installment contracts from licensed motor vehicle dealers.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**
Name: Patricia Magee Daly
Office Address: 7700 W. Camino Real, Ste 400
Boca Raton, Florida, 33433
(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 obligations of my position as registered agent.

Patricia Magee Daly
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable) - see attached addendum I

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable) -see attached addendum I

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Patricia Magee Daly
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patricia Magee Daly, President/Secretary
(Typed or printed name and capacity of person signing application)

AMN RECEIVABLES FINANCE CORP. OFFICERS

NAME	POSITION
Patricia Magee Daly	President, Secretary 7700 W. Camino Real, Ste 400 Boca Raton, FL 33433
Richard Collins	Vice President 8321 E. 61 st Street, Ste 105 Tulsa, OK 74133
A. Glenn Yesner	Treasurer 7700 W. Camino Real, Ste 400 Boca Raton, FL 33433
Kathy S. Cook	Vice President, Asst. Secretary 7700 W. Camino Real, Ste 400 Boca Raton, FL 33433
Teresa Adams	Assistant Vice President 8321 E. 61 st Street, Ste 105 Tulsa, OK 74133
Patricia A. Duvall	Assistant Vice President 7700 W. Camino Real, Ste 400 Boca Raton, FL 33433

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AMN RECEIVABLES FINANCE CORP.

Patricia Magee Daly

7700 W. Camino Real, Ste 400
Boca Raton, FL 33433

Scott C. Gallivan

6422 NW 102 Terrace
Parkland, FL 33076

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Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMN RECEIVABLES FINANCE CORP." 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 ELEVENTH DAY OF DECEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION: 8806240
DATE: 12-11-97