## A 07000001193

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (Business Entity Name)
(Document Number)
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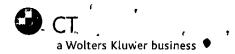


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CT

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

October 19, 2007

EFFECTIVE DATE 12/31/07

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 7046638 SO

Customer Reference 1: None given

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

PAG Kissimmee Motors, Ltd. (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

undersigned.

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



EFFECTIVE DATE 12/31/07

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership is PAG Kissimmee Motors, Ltd. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. 2 2555 Telegraph Rd., Bloomfield Hills, MI 48302 (Street address of initial designated office) C T Corporation System (Name of Registered Agent for Service of Process) 1200 South Pine Island Road, Plantation, Florida 33324 (Florida street address for Registered Agent) 5. 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 an accept the obligations of my position as registered agent. CT Corporation System essica M. Eisele 6, 2555 Telegraph Rd., Bloomfield Hills, MI 48302 (Mailing address of initial designated office)

Page 1 of 2

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each gener Name:	ral partner: <u>Business Address:</u>	
PAG Kissimmee General, Inc.	2555 Telegraph Rd,	
P0700005201	Bloomfield Hills, MI 48302	
	·	
·		
9. Effective date, if other than the date of filing: December 31, 2007		
(Effective date cannot be prior to nor more t filed by the Florida Department of State.)	than 90 days after the date the document is	
Signed this day of Octobe	, <u>2007</u>	
Signature of each general partner:		
	PAG Kissimmee General, Inc	
	Ву:	
	-Maggie Feher, Assistant Secretary	
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	0.00 (\$965 Filing Fee and \$35 Registered Agent Fee)  e 2 of 2	