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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Automotive Finance Consumer Division, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida; *officers Certificate of Automotive Finance Corporation consenting to use of name.*

Please return all correspondence concerning this matter to the following:

Frances C. York

(Name of Person)

Automotive Finance Consumer Division, LLC

(Firm/Company)

13085 Hamilton Crossing Blvd., Suite 330

(Address)

Carmel, Indiana 46032

(City/State and Zip Code)

For further information concerning this matter, please call:

Frances C. York

(Name of Person)

at ( 317 ) 843-4802

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

**1. Automotive Finance Consumer Division, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

n/a

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. Indiana**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 26-1218186**

(FEI number, if applicable)

**4. October 4, 2007**

(Date of Organization)

**5. perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. December 15, 2007**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 13085 Hamilton Crossing Blvd., Suite 330, Carmel, Indiana 46032**

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

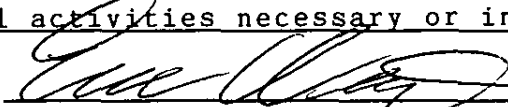
9. The name and usual business addresses of the managing members or managers are as follows:

**ADESA Dealer Services, Inc., 13085 Hamilton Crossing Blvd.,**

**Suite 500, Carmel, Indiana 46032**

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To provide general dealership products and services to automobile dealers and to engage in all activities necessary or incident thereto.

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Eric E. Wright**

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Automotive Finance Consumer Division, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

n/a

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation

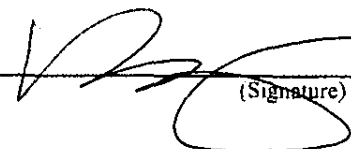
FL

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

**Kimberly Breunling**

**Assistant Secretary**

  
(Signature)

|           |                                  |
|-----------|----------------------------------|
| \$ 100.00 | Filing Fee for Application       |
| \$ 25.00  | Designation of Registered Agent  |
| \$ 30.00  | Certified Copy (optional)        |
| \$ 5.00   | Certificate of Status (optional) |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**AUTOMOTIVE FINANCE CONSUMER DIVISION, LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 04, 2007, and was in existence or authorized to transact business in the State of Indiana on December 05, 2007.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of December, 2007.

A handwritten signature in black ink that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER'S CERTIFICATE OF  
AUTOMOTIVE FINANCE CORPORATION**

The undersigned, being a duly qualified and acting officer of Automotive Finance Corporation, an Indiana corporation (the "Company"), with its principal place of business located at 13085 Hamilton Crossing Blvd., Suite 300, Carmel, Indiana 46032, is duly qualified to do business in the states of Alabama, Florida, Georgia, Illinois, Ohio and Texas hereby certifies as follows:

1. The Company is aware of the Application for Registration of Automotive Finance Consumer Division, LLC, an Indiana limited liability company ("AFCD"), with its principal place of business located at 13085 Hamilton Crossing Blvd., Suite 330, Carmel, Indiana, 46032 in the states of Alabama, Florida, Georgia, Illinois, Ohio and Texas, and

2. The Company hereby consents to the use and adoption of the name Automotive Finance Consumer Division, LLC by AFCD in the states of Alabama, Florida, Georgia, Illinois, Ohio and Texas.

IN WITNESS WHEREOF, this Officer's Certificate has been executed as of the 6<sup>th</sup> day of December, 2007.

AUTOMOTIVE FINANCE CORPORATION

By: \_\_\_\_\_

Printed: Eric E. Wright

Its: VP of Legal and Collections & Secretary