A95000001959

95 DEC 14 AM 11:20

DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 AM 10:33

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

1201 Hays Street
Tallahassee, FL 32301
800-342-8086

ACCOUNT NO. : 072100000032

REFERENCE : 768078 4341138

AUTHORIZATION : Patricia Fay

COST LIMIT : $ 140.00

ORDER DATE : December 14, 1995

ORDER TIME : 10:38 AM

ORDER NO. : 768078

CUSTOMER NO: 4341138

900001661529

CUSTOMER: Mr. Allen B. Gottlieb
ALLEN B. GOTTLIEB AND
ASSOCIATES, P.C.
1700 East Las Olas Blvd.
Penthouse Iv
Fort Lauderdale, FL 33301

DOMESTIC FILING

NAME: AMERICREDIT LIMITED
PARTNERSHIP

____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

12/14/95

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: bjr

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 AM 10:33

CERTIFICATE OF LIMITED PARTNERSHIP

1. AmeriCredit Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 1700 E. Las Olas Blvd Penthouse III, Ft. Lauderdale FLA 33301
(Business address of Limited Partnership)

3. Allen Gottlieb
(Name of Registered Agent for Service of Process)

4. 1700 E Las Olas Blvd Penthouse III Ft. Lauderdale FLA 33301
(Florida street address for Registered Agent)

5. [signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 1700 E Las Olas Blvd Penthouse III Ft. Lauderdale FLA 33301
(Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is: _____

8. Name(s) of general partner(s): Street address:

M63400 Gottlieb International Inc. 1700 E Las Olas Blvd Penthouse IV Ft. Lauderdale Florida 33301

Under penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 14 *day of* December, 19 95.

Signature of all general partners:

[signature]
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 14 AM 10:33

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FLORIDA LIMITED PARTNERSHIP

The undersigned constituting all of the general partners of AmeriCredit Limited Partnership,
a Florida Limited Partnership, certify.

The amount of capital contributions to date of the limited partners is $ 0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 0.

Signed this 14 day of December, 19 95.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Gottlieb International, Inc.
General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

[redacted]

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 DEC 26 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

AMERICredIT Limited PARTNERSHIP

1a. DOCUMENT # A95000001959

2. New Mailing Address If Applicable

Suite Apt # etc

City State & Zip

2a. New Principal Office Address If Applicable

Suite Apt # etc

City State & Zip

Mailing Address

1700 E Las Olas Blvd
PH III
Ft. Lauderdale, FL 33301

Principal Office Address

1700 E Las Olas Blvd
PH III
Ft. Lauderdale, FL 33301

If above addresses are incorrect in any way line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA: 12/14/95

3a. Date of Last Report: N/A

4. State or Country of Formation: Florida, USA

5a. Capital Contributions as Shown on Record: 0

5b. Amount of Capital Contributions in FLORIDA to date: 0

6. FEI Number: X Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED X [redacted]

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

Allen Gottlieb
1700 E Las Olas Blvd, PH III
Ft. Lauderdale, FL 33301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite Apt # etc

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Allen Gottlieb DATE 12/19/95

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Gottlieb International, Inc	1700 E Las Olas Blvd PH III Ft. Lauderdale FL 33301	1700 E Las Olas Blvd PH III Ft. Lauderdale, FL 33301	M63400

300001577783
-01/04/96--01007--022
****200.00 ****200.00

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Allen Gottlieb DATE 12/19/95

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

A95000001959

Allen B. Gottlieb + Assoc., PC
Requestor's Name

1700 E. Las Olas Blvd. #4
Address

Ft. Lauderdale, FL 33301
City/State/Zip Phone #

FILED
96 SEP 25 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Americredit Limited Partnership
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

CM

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENT
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

500001956435
-09/25/96--01058--002
*****52.50 *****52.50

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

CR2E031(1/95)

Examiner's Initials	

1799 EAST LAS OLAS BOULEVARD
PENTHOUSE IV
FT. LAUDERDALE, FLORIDA 33301

LAW OFFICES OF
Allan B. Gottlieb and Associates, P.C.

TELEPHONE: 305-467-1199
FACSIMILE: 305-467-0977

PRIVATE BANKING AND INTERNATIONAL FINANCE
ASSET MANAGEMENT AND INVESTMENT CONSULTANTS
MEMBER NEW YORK STATE BAR ONLY

Americredit Limited Partnership
General Partner
Gottlieb International Inc
Contact President Allen Gottlieb
954-467-1199

FILED
96 SEP 25 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF CANCELLATION
FOR

AMERICREDIT Limited Partnership
(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 12/14/1995, hereby submits this certificate of cancellation.

FILED
96 SEP 25 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Inactive and No intent to use.

SECOND: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

FOR Gottlieb International Inc.