

1204 HAYS STREET
TALLAHASSEE, FL 32304

800-342-8086

904-222-9871

B95000000396



networks

PRESTIGE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 0721000000032

REFERENCE : 725220 120026A

AUTHORIZATION : *Patricia Pugh*

COST LIMIT : \$ 87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV -6 PM 2:40

ORDER DATE : November 6, 1995

ORDER TIME : 10:07 AM

ORDER NO. : 725220

700001629597

CUSTOMER NO: 120026A

CUSTOMER: Stacy Mcmillen
National Financial Corporation
Suite 320
621 Northwest 53rd Street
Boca Raton, FL 33487

FOREIGN FILINGS

NAME: AUTO CREDIT CLEARINGHOUSE L.P.

XX PROFIT
 NON-PROFIT

 CORPORATE
XX LIMITED PARTNERSHIP

 QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

BK
11/6/95

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Auto Credit Clearinghouse L.P.
(Name of limited partnership as it is in the home state);
2. Auto Credit Clearinghouse Limited Partnership
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware (State of Formation)
4. September 5, 1995 (Date of Formation)
5. Stacy McMillen, Esq.
(Name of Registered Agent for Service of Process)
6. 621 N.W. 53rd Street, Suite 390
(Street Address of Registered Office)
Boca Raton , Florida 33487
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process.
By: Stacy McMillen Stacy McMillen Esq.
(Agent must sign on this line)
8. 621 NW 53 Street Suite 390 Boca Raton FL 33487
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)
9. NAME OF GENERAL PARTNERS SPECIFIC ADDRESS

National Auto Finance Corporation	621 NW 53 Street
F440000003051	Suite 390
	Boca Raton FL 33487
10. 621 NW 53 Street Suite 390 Boca Raton FL 33487
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.
12. 621 NW 53 Street Suite 390 Boca Raton FL 33487
(Mailing Address of Limited Partnership)

FILED
RECORDS
SECTION
NOV - 6
PM 2:40

This 3rd day of November, 19 95.

CSL ceo
General Partner - National Automobile Corporation

STATE OF Florida

COUNTY OF Palm Beach

THE FOREGOING instrument was acknowledged and sworn to before me this 3rd day of November, 19 95, by Stacy L. Shapiro - Co. of National (Name of General Partner) of National Automobile Corporation

National Automobile Corporation, L.P.
(Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Stacy L. Shapiro

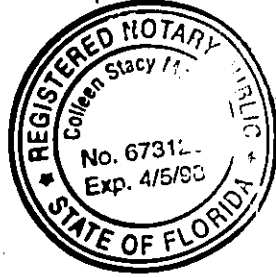
Notary Public

State of Florida at Large

My Commission Expires:

April 5, 1998

(SEAL)



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STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 NOV - 6 PM 2:40

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Carol Shapiro, President, Internal Auto
general partner of Internal Auto Finance Corporation, a (an)
Delaware limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

This 3rd day of November, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

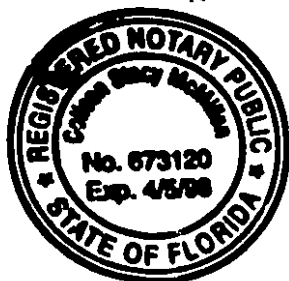
Carol Shapiro General Partner, Internal Auto Finance Corporation
CEO

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 NOV -6 PM 2:40

STATE OF Florida
COUNTY OF Palm Beach
DATE Nov. 3, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Carol L. Shapiro, CEO of Internal Auto General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 3rd day of November, 1995



Carol Tracy McNeil
Notary Public

State of Florida at Large

My Commission Expires:

April 5, 1998

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

DOCUMENT # B9500000396

1. Name of Limited Partnership

~~RUBIN~~ Auto Credit Clearinghouse L.P.
d/b/a Auto Credit Clearinghouse Limited Partnership

FILED

96 JUL 26 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Mailing Address

621 N.W. 53rd Street

Suite, Apt. #, etc.

390

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Principal Office Address

621 N.W. 53rd Street

Suite, Apt. #, etc.

390

City & State

Boca Raton, FL

Zip

33487

Country

USA

4. Date Formed or Registered
To Do Business in Florida

11/06/95

5. FEI Number

65-0613974

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. State or Country of Formation

Delaware

8a. Capital Contributions as Shown
on Record

\$0.00

8b. Amount of Capital Contributions in
FLORIDA to date

\$0.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$62.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$138.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$600 penalty fee for each year stated form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

Stacy McMillen, Esq.
621 N.W. 53rd Street, Suite 390
Boca Raton, FL 33487

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)

DATE

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

11. Names of General Partner(s)

Address of Each General Partner
(DO NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

National Auto Finance
Corporation

621 N.W. 53rd Street
Suite 200

Boca Raton, FL 33487

F94000003051

000001911310
-08/02/96--01027-014
****691.25 ****691.25

REINSTATEMENT

96

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

DATE

Typed or Printed Name of General Partner Signing Form

Stacy McMillen

Telephone Number

7/25/96
407-241-0999

CR02039 (4/95)