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

B950000 00396

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

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

ACCOUNT NO. : 072100000032

REFERENCE : 725220 120026A

AUTHORIZATION : Patricia Pruitt

COST LIMIT : $ 87.50

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

BK
11/6/95

CONTACT PERSON: Andrea C. Mabry

Florida Department of State, Jim Smith, Secretary of State

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

1. Auto Credit Receivables L.P.
(Name of limited partnership as it is in the home state;

2 Auto Credit Receivables 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)

FILED
95 NOV -8 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (City), Florida 33487 (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

National Auto Finance Corporation
F94000003051

SPECIFIC ADDRESS

621 NW 53 Street
Suite 300
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)

This 3rd day of November, 19 95.

CEO
General Partner - National Auto Finance Corporation

STATE OF Florida

COUNTY OF Palm Beach

THE FOREGOING instrument was acknowledged and sworn to before me this 3rd day of December, 19 95, by Daryl Simms - CEO of National Auto Finance Corporation (Name of General Partner) of National Auto Finance Company L.P. (Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public
State of Florida at Large
My Commission Expires:
April 5, 1998

(SEAL)

REGISTERED NOTARY PUBLIC
Colleen Stacy
No. 67312
Exp. 4/5/98
STATE OF FLORIDA

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

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Gary L Simons CEO of Inland Auto Finance Corporation, a general partner of Inland Auto Finance Company L.P., 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.

General Partner, Inland Auto Finance Corporation

CEO

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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 Gary L. Simons CEO of Inland 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, 19 95.

REGISTERED NOTARY PUBLIC
Colleen Stacy McMillan
No. 673120
Exp. 4/5/98
STATE OF FLORIDA

Colleen Stacy McMillan
Notary Public

State of Florida at Large
My Commission Expires:
April 5, 1998

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

B95000000396

FILED
96 JUL 26 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000396

1. Name of Limited Partnership

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

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida: 11/06/95
621 N.W. 53rd Street	621 N.W. 53rd Street	
Suite, Apt. #, etc.: 390	Suite, Apt. #, etc.: 390	5. FEI Number: 65-0613974 ☐ Applied For ☐ Not Applicable
City & State: Boca Raton, FL	City & State: Boca Raton, FL	6. CERTIFICATE OF STATUS DESIRED ☐
Zip: 33487 Country: USA	Zip: 33487 Country: USA	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 $52.50 and a maximum of $437.50, for each year due the office.
2.) Supplemental Fee(s): $138.75 for each year due the office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $600 penalty fee for each year report 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	P94000093051

000001911316
-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 true, duly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Stacy McMillen DATE 7/23/96

Typed or Printed Name of General Partner Signing Form Stacy McMillen Telephone Number 407-241-0999

CR2E039 (4/95)