

Document Number Only

CIVIL CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 3:46

Florida Auto Funding LP

600001999626--7

11/87/96 01698-018
*****87.50 *****87.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fictitious Name Filing |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

11/04

G. TAX	_____
FILING	52.50
R. AGENT FEE	25.00
C. COPY	_____
TOTAL	57.50
BANK	_____
DATE DUE	_____

file 2nd
hix
11/4/96

Florida Department of State, Jim Smith, Secretary of State

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 3:46

1. Florida Auto Funding, LP
(Name of limited partnership as it is in the home state;)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register to transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware
(State of Formation)

4. November 1, 1996
(Date of Formation)

5. CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o CT Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

CT CORPORATION SYSTEM

Connie Bryan

(Officer must sign on this line)

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

(Type Name and Title of Officer)

8. 1209 Orange Street, Wilmington, DE 19801
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Florida Automobile Finance Corporation 1996-A

SPECIFIC ADDRESS

2215 NW 36th Street
Miami, Florida 33142

F96000005728

10. 2215 NW 36th Street, Miami, Florida 33142
(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. 2215 NW 36th Street, Miami, Florida 33142
(Mailing Address of Limited Partnership)

This 31st day of October, 19 96
FLORIDA AUTOMOBILE FINANCE CORPORATION 1996-A
By Norman Madan
General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 3:46

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 31 day
of October, 19 96, by Norman Madan (Name of General Partner) ok

President of Florida Automobile Finance Corporation 1996-A, general partner

(Name of Limited Partnership), A Delaware (State or Country) Limited
Partnership, on behalf of the Limited Partnership.

(SEAL)

Notary Public

State of Fla at Large

My Commission Expires:

Ingrid J. J. J.
OFFICIAL NOTARY SEAL
MAY 1997
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. 00000000
MY COMMISSION EXPIRES 5/97

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Norman L. Madan, President of Florida Automobile Finance Corporation 1996-A, a general partner of Florida Auto Funding, L.P., an (X) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 100.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 100.00.

This 31st day of October, 1996.

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.

FLORIDA AUTOMOBILE FINANCE CORPORATION 1996-A
General Partner

By Norm Madan

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 3:46

STATE OF Florida
COUNTY OF Dade
DATE 10/31/96

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 Norman Madan (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 WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 31 day of October, 1996.

Seal

May J. Lee
Notary Public

State of Fla at Large
My Commission Expires: _____

