

BA8000000637

Document Number Only

C T Corporation System.

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

700002673877--6

-10/30/98--01001--015

*****61.25 *****8.75

700002673877--6

-10/28/98--01001--013

*****87.50 *****87.50

CUS

00789 - 00717 - 00671

Asbury Automotive Jacksonville, L.P.

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

10/27

PLEASE RETURN EXTRA COPY(S)

FILE STAMPED

THANKS

CONNIE

SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 27 PM 3:43

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. ASBURY AUTOMOTIVE JACKSONVILLE, L.P.
(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 or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. 11-21-97
(State of Formation) (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 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:

Donnie Bryan **DONNIE BRYAN**
(Agent must sign on this line) **SPECIAL ASSISTANT SECRETARY**

8. The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. <u>NAMES OF GENERAL PARTNERS</u>	<u>STREET ADDRESS</u>
Asbury Automotive Jacksonville GP L.L.C.	One Rockefeller Plaza, 32nd Floor New York, New York 10020

10. One Rockefeller Plaza, 32nd Floor, New York, New York 10020
(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 canceled or withdrawn.

CONTINUED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 27 PM 3:59

12. One Rockefeller Plaza, 32nd Floor, New York, New York 10020
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This _____ day of _____, 19____.

ASBURY JACKSONVILLE GP L.L.C.,
General Partner

By: [Signature]
Its: Vice President

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19____,
personally appeared before me,

- ☐ who is personally known to me
☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Andrew Sommer
(Notary's Printed Name)

Seal

My Commission Expires: _____

ANDREW L. SOMMER
Notary Public, State of New York
No. 31-6000924
Qualified in New York County
Commission Expires Dec. 29, 1999

98 OCT 27 PM 3:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____,
a general partner of ASBURY AUTOMOTIVE JACKSONVILLE, L.P., a Delaware limited
partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$99.00.
2. The anticipated amount of the capital contributions of the limited partners that are
allocated for the purposes of transacting business in Florida is \$99.00.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing
and know the contents thereof and that the facts stated herein are true and correct.*

This _____ day of _____, 19____.

ASBURY JAX MANAGEMENT L.L.C.,
General Partner

By: _____
Its: Vice President

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19____,

personally appeared before me,

- ☐ who is personally known to me
- ☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Andrew Sommer
(Notary's Printed Name)

Seal

My Commission Expires: _____

ANDREW L. SOMMER
Notary Public, State of New York
No. 31-6000924
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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