

Division of C	orporations	-
SUBJECT: Gold	d Coast Autos Inc	
	(Name of corporation - must include suffix)	
Dear Sir or Madam:	-	
The enclosed "Applicate of Existe to transact business in	cation by Foreign Corporation for Authorization to Transact Busince", and check are submitted to register the above referenced for Florida.	siness in Florida", foreign corporation
Please return all corre	espondence concerning this matter to the following:	0078276675 -09/18/0201046003
Marshia Plumm	er	-03/18/0201040003 ******78.75 *****78.75
	(Name of Person)	
Gold Coast Aut	os Inc	
	(Firm/Company)	र्किता =
380 Bayberry D	Prive	W02-27282
	(Address)	
Polk City FL 3	3868	
	(City/State and Zip code)	S S
		TP SE
For further informati	on concerning this matter, please call:	FILL OF CC 27
		AM RPC
Marshia Plumm	at (, , , , , , , , , , , , , , , , , ,	9. 83
(Name of P	erson) (Area Code & Daytime Telephone l	Number) 2
STREET ADDRES Registration Section Division of Corpora 409 E. Gaines St. Tallahassee, FL 323	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	LA9/27
Enclosed is a check	for the following amount:	
□ \$70.00 Filing Fe	\$78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 19, 2002

MARSHIA PLUMMER GOLD COAST AUTOS, INC. 380 BAYBERRY DRIVE POLK CITY, FL 33868

SUBJECT: GOLD COAST AUTOS, INC.

Ref. Number: W02000027282

We have received your document for GOLD COAST AUTOS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the \sim word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 802A00053398

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

words or abbrev	iations of like import in language	CORPORATED", "COMPANY", "CORPORATION" or as will clearly indicate that it is a corporation instead of a
natural person o	r partnership if not so contained in	the name at present.)
2. Delaware		3. 59-3693493
(State or country	under the law of which it is incor	porated) (FEI number, if applicable)
July 28,	2000	Perpetual
(Date	e of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qua	lification	
	cted business in Florida. If corpo	ration has not transacted business in Florida, insert "upon qualification.") ons 607.1501, 607.1502 and 817.155, F.S.)
_{7.} 2910 Lak	e Alfred Road, Winter Ha	ven, FI 33881
	(Princi	pal office address)
380 Bayb	erry Drive, Polk City, FI 3	3868
	(Curren	nt mailing address)
y Used Car		9. ATTE
(Purpose	(s) of corporation authorized in ho	me state or country to be carried out in state of Florida)
9. Name and str	reet address of Florida regist	ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	Michael Crommett	- The state of th
Office Address:	380 Bayberry Drive	
	Polk City	, Florida 33868
	(City)	(Zip code)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my-position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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OFFI	CERS 27 STE
	380 Bayberry Drive
	Polk City, FI 33868
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* # * · · ·	f necessary you may attach an addendum to the application listing additional officers and/or directors.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOLD COAST AUTOS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLD COAST"

AUTOS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JULY,

A.D. 2000.



Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1977181

020567450

3266608

8300

DATE: 09-11-02