# F03000005446

(1	Requestor's Name)	<u> </u>	-
(/	Address)		-
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PICK-UP	☐ WAIT	MAIL	
(1	Business Entity Na	me)	-
(1	Document Number	)	_
Certified Copies	Certificate	s of Status	-
Special Instructions	to Filing Officer:		
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400022241824

BK





ACCOUNT NO. :- 072100000032

REFERENCE :

302614

COST LIMIT : \$ 87.50

ORDER DATE: October 30, 2003

ORDER TIME: 11:28 AM

ORDER NO. : 302614-005

CUSTOMER NO: 4325493

CUSTOMER: Ms. Marilyn Glasson

Motors Holding Division 100 Renaissance Center

482-a05-b45

Detroit, MI 48265-1000

#### FOREIGN FILINGS

\*\*\*FILE FIRST\*\*\*

NAME:

SATURN OF CENTRAL FLORIDA,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (2) CERTIFIED COPY

CONTACT PERSON: Norma Hull -- EXT# 1115

EXAMINER:

### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANO REGISTER A FO	CE WITH SECTION 607.1503, FLORIDA OREIGN CORPORATION TO TRANSAC	4 STATUTES, CT BUSINESS	THE FOLLOWING IN THE STATE OF	IS SUBMITMED TO FLORIDA.
			្នំមុំ - • 1	10 C
(Enter name of	CENTRAL FLORIDA, INC. Corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED," "COMPA	NY," "CORPORAT	10N #
(*6	ilable in Florida, enter alternate corporate na	ma adopted for	the numerous of transco	ating business in Florida)
(II name unava				•
2. <u>October 17</u>		3 <u>= d0 -</u>	-0334831	
(State or countr	y under the law of which it is incorporated)		(FEI number, if	applicable)
4. <u>Delaware</u>	<u></u>		petual	š .
(Da	te of incorporation)	(Duration:	Year corp. will ceas	e to exist or "perpetual")
6. <u>upon guali</u>	fication	· - <u></u>	, v=	
(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1			nsert "upon qualification.")
7.8620 S. Org	ange Blossom Trail			<u>15</u>
	(Principal office	address)		_: .
Orlando, F	L 32809	<del></del>		
OTTAILO, I	(Current mailing	address)		_ <del></del>
R Sales, ser	rvice and lease of new and used	automobil	es	
	e(s) of corporation authorized in home state of			Florida)
). Name and <u>st</u>	<u>reet address</u> o <u>f</u> Florida registered agen	it: (P.O. Box o	or Mail Drop Box <u>N</u>	NOT acceptable)
Name:	Corporation Service Company		÷ .	; ;
rumo.				:
Office Address:	1201 Hays Street	4	•	E.
	Tallahassee	Flor	ida 32301	1
	(City)		(Zip code)	
	(City)		(Lip code)	•
Having been na designated in th further agree to	agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoi comply with the provisions of all statute ar with and accept the obligations of my	intment as regi es relative to th	istered agent and a ne proper and comp	gree to act in this capacity
	يت وهو يم أون	<u> </u>		i
	Corporation Service Company			
	Sh. Thornald	' / <del>=</del>		} •
-	Registered agent's signature	<u>(                                    </u>		<u></u>

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:

A. DIRECTORS

Directarinan:	Roumo C. Danrels
Address:	
_	Orlando Horida 32809
Director Vice Chairman:	Mark R. Belviso
Address:	8620 S. Orange Blossom Trail
	Orlando Floresa 32809
Director:	S.E. MURDOCK
Address:	5730 Glenerage Dr Suite 404 4th Floor
	Atlanta Georgia 80328
Director:	S.D. Janes
Address:	5730 Gleneroge Dr Svite 404 4th Floor
	Atlanta Ga 30328
B. OFFICERS	
President:	Berono C. Daniels
	8620 S.Orange Blosson Trail
	Orlando Horida
Vice President:	Mark R. Belviso
	8620 3. Orange Blossom Trai
	Orlando Horida 32809
Secretary:	·^
Address:	912-9 01 7 1 1 n1 d1
Treasurer:	Anne C. Meyers
Address:	8020 S. Orange Blossom Trail Orlanso 71 3280 9
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Director or Officer listed in number 12 of the application)
1.4	h a d was
14	(Typed or printed name and capacity of person signing application)

#### Addendum

DIRECTOY:

V.A. Schuster = 5th Floor
100 Renaissance Center 5th Floor
Mail Code 482 - A05 - B45
Detroit, Michigan 18265-1000

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SATURN OF CENTRAL FLORIDA, 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 TWENTIETH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SATURN OF CENTRAL FLORIDA, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Windson Secretary of State

AUTHENTICATION: 2699755

DATE: 10-20-03

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