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PICK-UP WAIT MAÌL							
(Discipant Fable Many)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE

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COVER LETTER

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	TO: New Filing Section Division of Corporations	* 1. · · · · · · · · · · · · · · · · · ·						
	SUBJECT: DealerTrack Accessories Solutions, Inc.	1						
(Name of corporation - must include suffix)								
,	Dear Sir or Madam:	Ç"						
1	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.							
	Please return all correspondence concerning this matter to the following:							
	Susan McAleavey							
١.	(Name of Person)	,						
	DealerTrack, Inc.							
	(Firm/Company)							
	1111 Marcus Ave. Suite M04							
	(Address)							
	Lake Success, NY 11042							
	(City/State and Zip code)							
For further information concerning this matter, please call:								
	Susan McAleavey _{at (} 516 ₎ 734-3921							
(Name of Person) (Area Code & Daytime Telephone Number)								
	STREET/COURIER ADDRESS: New Filing Section MAILING ADDRESS: New Filing Section							
	Division of Corporations Division of Corporations							
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314							
	Tallahassee, FL 32301							
	Enclosed is a check for the following amount:							
اح	\$70.00 Filing Fee \$\ \tag{Certificate of Status} \text{Certified Copy} \te	ite of Status &						



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 25, 2008

SUSAN MCALEAVEY / DEALERTRACK, INC. 1111 MARCUS AVE., STE. M04 LAKE SUCCESS, NY 11042

SUBJECT: DEALERTRACK ACCESSORIES SOLUTIONS, INC.

Ref. Number: W08000039531

We have received your document for DEALERTRACK ACCESSORIES SOLUTIONS, INC. and your check(s) totaling \$1220.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted an application which does not meet the current requirements of the Florida Statutes. You may complete our current form or amend your application to include the required information.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6047.

Carolyn Lewis Regulatory Specialist II

Letter Number: 208A00047323

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

Dealer Enter name of corp	Track Accessor poration; must include "INCORPOR	ies S ated," "c	ompany,"	CORPORATION,	n
"Inc.," "Co.," "Corp	," "Inc," "Co," or "Corp.")				
(If name unavailabl	e in Florida, enter alternate corporate	name adop	ted for the p	urpose of transacting	business in Florida)
Delawar	· P.	3 20	5-26	40765	
State or country une	<i>C</i> ler the law of which it is incorporate	d)	(FEI number, if applic	cable)
4/8/2005					
(Date of	incorporation)	(Du	ration: Yea	r corp. will cease to e	exist or "perpetual")
_ 3/1/0-					
, ,	(Date first transacted bus (SEE SECTIONS 607.1501 &				·)
IIII Marcus	Ave. MO4 Lake (Principal offi	SUCCES ce address)	S , NY	11042	
IIII Marcus	Ave. Suite MOH (Current maili	<u>_ake S</u> ng address)	uccess	NY 11042	
Internet	portal to autom	native ·	retai	1 industru	
(Purpose(s) o	f corporation authorized in home stat	e or country	to be carrie	d out in state of Flori	da) 👼 🗸
Name and street a	ddress of Florida registered agent	: (P.O. Bo	x <u>NOT</u> acc	eptable)	2000 SEP SECRETA TALLAHA
Name:	C T Corporation System				ETAR HASS
ffice Address: _	1200 South Pine Island Ro	ad			PA
_	Plantation		, Florida _	33324	
-	(City)			(Zip code)	

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.

> C T Corporation System Juan Grajeda Assistant Secretary (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:

12. Names and business addresses of offi	cers and/or directors:					
A. DIRECTORS	•	FILED				
Chairman: Mark O'Neil		2000 SEP -3 PM 3:55				
1111 Marcus Ave Sui	ite M04 Lake Success NY 11042	9.00				
	10 WO-1, Lake Oddocoo W 17 170-12	TALLAHASSEE, FLORIDA				
Vice Chairman:						
Address:	•					
1, 1, N	englise that the state of the s	en e				
Director: Eric Jacobs	gen grant and and Security of the second	41 J. 74.15				
	ite M04, Lake Success NY 11042	•				
	\$ 17 - 103					
Director: Robert Cox	a see see	Section Section				
Address: 1111 Marcus Ave. Suite M04, Lake Success NY 11042						
B. OFFICERS President: Mark O'Neil	**- NOA NV 44040	· · · · · · · · · · · · · · · · · · ·				
Address: 1111 Marcus Ave. Su	ite M04, Lake Success NY 11042					
Vice President:						
Address:		<u>,,</u>				
Secretary: Eric Jacobs						
Address: 1111 Marcus Ave. Sui	ite M04, Lake Success NY 11042					
Treasurer: Robert Cox						
Address: 1111 Marcus Ave. Sui	te M04, Lake Success NY 11042	t				
13.	addendum to the application listing additional offic					
(Signature of Direct	tor or Officer listed in number 12 of the application	n)				

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEALERTRACK ACCESSORIES SOLUTIONS, 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 SEVENTH DAY OF JULY, A.D. 2008.

3952633 8300

080709884

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6708820

DATE: 07-07-08

You may verify this certificate online at corp.delaware.gov/authver.shtml