TO: Qualific Jon/Thirden Seenon Division of Corporations

SUBJECT: A-C Redicator (Name of corporation - n	nust include suffix)	
Dear Sir or Madam:	ASS. 20	
The enclosed "Application by Foreign Corporation Florida", "Certificate of Existence", and check are a foreign corporation to transact business in Florida.	for Authorization to Transact Business in ubmitted to register the above referenced.	
Please return all correspondence concerning this ma	tter to the following:	
Kimberly C. Pate (Name of Pe	#####20 00 ######70 00	
A.C. Radiatore W. (Firm/Comp		
Valdosta, Ga 3 (City/State/2	(602) (IP)	
Should you need to call someone concerning this matter, please call:		
(Name of Person)	at (9/2) 2-17-63/4 (Area Code & Daytime Telephone Number)	
COURIER ADDRESS:	MAILING ADDRESS:	
Division of Corporations 1 409 E. Gaines St	Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Fallahassee, FL 32314	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607. ISO3, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name of corporation: must include the word "INCORPOI abbreviations of like import in language as will clearly indiperson or partnership if not so contained in the name at pre-	rehouse, The . RATED", "COMPANY", "CORPORATION" or words or
•	
2. (State or country under the few of which it is incorporated)	3(FEI number, if applicable)
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 12-27-95 (Date of Incorporation)	5. perpetual
6. (Date first transacted Business in Florids. (See Section	e 607 1501 607 1602 AVE 817 165 15 8 V
(Decoection	8 007.1301,007.1302, AND 817.133, F.S.)
7. P.O. Box 3528	AE 95
Valdosta, Ga 3/604 (Current mailir	0 (I
(Current mailir	ng address)
8. vehicle radiator vales	70 - 1
(Purpose(s) of corporation authorized in home state or countribilities)	y to be carried out in the state of
 Name and street address of Florida registered acceptable) 	agent: (P.O. Box or Mail Drop Box NOT
Name: Kimberly C. Pater	·
Office Address: 1903 S. Monkoe	
Tallahossee.	Florida -2 3 2 4 4
Tallahassee 10. Registered agent's acceptance:	(Zip Code)
Having been named as registered agent and to accept corporation at the place designated in this application registered agent and agree to act in this capacity. I all statutes relative to the proper and complete perfound accept the obligations of my position as registered.	ot service of process for the above stated on, I hereby accept the appointment as further agree to comply with the provisions of rmance of my duties, and I am familiar with ed agent.
Kimberli Cate (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.

 Names and addresses of officers and/or directors: (Stree NOT acceptable) 	t address ONLY-P. O. Box
A. DIRECTORS (Street address only- P. O . Box NOT	
Chairman:	• •
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only- P. O. Box NOT acceptions: Kimberly C. Pate	
Valdosta Ga 31602	
Vice President:	7
Address:	96 FI
	EB P
Secretary: _ R. Earl Copeland	RY (SSE
Address: 4950 Tucker Rd	
Valdosta, Ga 31601	TA:
Treasurer:	A
Address:	
NOTE: If necessary, you may attach an addendum to the appl officers and/or directors.	ication listing additional
(Signature of Chairman, Vice Chairman, or any officer listed in nu	imber 12 of the application)
14. 1 Kimberly C Pate (Typed or printed name and capacity of person signing	. ,

Decretary of State Business Information and Services Suite 315, West Tower 2 Martin Luther King Ir. Ar. Atlanta, Georgia 30334-1530

DOCKET NUMBER : 960400642
CONTROL NUMBER : 9601195
DATE INC/AUTH/FILED: 12/27/1995
JURISDICTION : GEORGIA
PRINT DATE : 02/09/1996
FORM NUMBER : 211

JOSEPH G. STEVENS CPA P.O. BOX 3528 VALDOSTA GA 31602

CERTIFICATE OF EXISTENCE

I, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

A-C RADIATOR WAREHOUSE, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation, or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up, or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

LEWIS A. MASSEY SECRETARY OF STATE

