F96000003110

C.A.S.H. CORPORATION

733 JOE FRANK HARRIS PKWY

CARTERSVILLE, GA 30120

TELEPHONE 770-387-0484

FAX 800-929-2565

JUNE 7, 1996

QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FL 32314 700001858697 -06/11/96--01158--004 ****131.25 ****131.25

W96-12511

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT: CAPITAL ACCEPTANCE SERVICE HOLDING CORPORATION, D/B/A NICE CARS

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:

MR. RAY LYLE C.A.S.H. CORPORATION 733 JOE FRANK HARRIS PKWY CARTERSVILLE, GA 30120

SHOULD YOU NEED TO CALL SOMEONE CONCERNING THIS MATTER, PLEASE CALL:

MR. RAY LYLE AT 770-387-0484

SINCERELY,

RAY LYLE TREASURER M 56 JEH 20 AH 8:40

SECRETARY OF STATE DIVISION OF CORPORATION



Secretary of State

June 12, 1996

RAY LYLE, TREASURER C.A.S.H. CORPORATION 733 JOE FRANK HARRIS PKWY CARTERSVILLE, GA 30120

SUBJECT: CAPITAL ACCEPTANCE SERVICE HOLDING CORPORATION Ref. Number: W96000012511

We have received your document for CAPITAL ACCEPTANCE SERVICE HOLDING CORPORATION and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

If you wish to do business under a name other than the corporate name, you must file a Fictitious Name application. Two applications are being sent to you under separate cover. If you wish for the corporation to be listed as the owner of any such Fictitious Name, the corporation must be filed here. Because of this you should either return any Fictitious Name applications with this application, to the address below, or you should wait until this application has been filed before submitting any Fictitious Name application.

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 (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 496A000293

PLEASE SEE CORRECTED NAME. SORRY

RAY LYLE, TR

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:

1. COPITAL ACCEPTANCE SURVICE HELDING CORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)			
(Name of corporation; must include the word "INCORPORATED" "COMPANY" "CORPORATION" or			
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a			
natural person of partnership it not so contained in the name at present.)			
2. GENECIA 3, SE-VVOSSYV (State or country under the law of which it is incorporated) (FEI number, if applicable)			
(State of country under the law of which it is incorporated) (PEI number, it appreciate)			
(11196)			
4. (Date of Incorporation) 5. PERPETUBLE (Date of Incorporation) 5. (Duration: Vancour will cours to exist or			
4. (Date of Incorporation) 5. PERACTYBL (Duration: Year corp. will cease to exist or "perpetual")			
6. 8/1/96			
6. E/1/96 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)			
7. 733 JUE FRANK HARRIS AKWY 0 3			
7. 700 COCTIONE INDEED TO TOO TOO			
CARTERIAVICUE GA 30120 SE SEE COurrent mailing address)			
TOURS OF UNIONES			
8. RETAIL GACES OF USED VEHICLES (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida).			
F 5m			
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)			
The state of the s			
Name: JOHN E. MCKINNEY			
.			
Office Address: 3512 OLD WINTER GARDEN BODA			
10. Registered agent's acceptance:			
-			
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 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.			
$\bigcap \mathcal{O} / \mathcal{U}_{\mathcal{U}} / \mathcal{U}_{\mathcal{U}}$			
5 July To Tuyuy			
(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 addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTOR	S (Street address only- P. O . Box NOT acceptable)	
Chairman:	JOHN G. MICKINNEY	
Address:	4517 PASGEMILL ROBO	
	MURIETTH I GO 2033P	
Vice Chairman: _		
Address:		
Director:	RAY LYLE	
	12 WALNUT BRIVE	
	CHRICKSVILLE, RA 30/20	
Director:		
Address:		_
B. OFFICERS (S	Street address only- P. O. Box NOT acceptable)	SECR NIVISION
President:	Street address only- P. O. Box NOT acceptable) JUHN E. MCKINNEY 2	
Address:	4517 PAPERMILL ROAD	
	MARIETTA, GA SOBE 5	SIAI SIAI
Vice President: _	<u> </u>	SHO
Secretary:	RAY LYLE	
Address:	IZ WALNUT ARIVE	
	CARTERSVILLE, GA 30170	
Treasurer:		
Address:		
		
NOTE: If necessiofficers and/or direct	ary, you may attach an addendum to the application listing additional ectors.	
13. QJ	Miller	
Signature o	of Chairman, Vise Chairman, or any officer listed in number 12 of the application)	
14	PRESIDENT (Typed or printed name and canacity of person signing application)	
i	(Typed or printed name and canacity of person signing application)	

Secretary of State Unisiness Information and Services Suite 315, West Tomer 2 Martin Unther King Ir. Dr. Atlanta, Georgia 30334-1530

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RAY LYLE 733 JOE FRANK HARRIS PKWY CARTERSVILLE GA 30120

CERTIFICATE OF EXISTENCE

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

CAPITAL ACCEPTANCE SERVICE HOLDING CORPORATION 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

