TRANSMITTAN LETTER TO: Qualification/axx Lien section Division recorporations TRANSMITTAN LETTER -99/12/96+-01072--002 +++++70.00 +*****70.00

SUBJECT: Jacksonville DodGF Two, & F ARKANSAS (Name of corporation - must include suffix)

Dear Sir or Madam:

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:

RAY M. GRIZZELL	SECTION OF THE SECTIO
(Name of Person)	
JACKSONVILLE DODGE, INC	Dr 🚉 📆
(Firm/Company)	
654 EAST Rocks DRIVE	27 1
(Address)	
SANIBEL , FLORIDA 33957	
(City/State/Zip)	

Should you need to call someone concerning this matter, please call:

Ray M. GRIZZELL at (94/) 395-1609
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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:

,	JACKSANVILLE DODGE INC OF HE	YANSAS			
1.	Name of corporation: must include the word "INCORPORATED", words or abbreviations of like import in language as will clearly indinatural person or partnership if not so contained in the name at preson	call that it is a corporation	vTlON" instead	or of a	•
2.	ARKANSAS 3. (State or country under the law of which it is incorporated)	71-0384/89			_
	(State or country under the law of which it is incorporated)	(FBI number, if applicab	(0)		
4.	(Date of Incorporation) 5.	PERPETUAL			_
	(Date of Incorporation) (Du	(Duration: Year corp. will cease to exist or "perpetual")			
		•	₹.		
۲,	AUGUST 26, 1996 (Date first transacted business in Florida. (SEE SECTIONS 607.150)		1	9	
u.	(Date first transacted business in Florida, (SEE SECTIONS 607.150)1, 607.1502, AND 817.155	. 17.5.)	1,11	17/217
7	654 EAST Rocks DRIVE	<u> </u>	(0		174 R33
•				-1-O	
	SANIBEL, FLORIDA 3 (Current mailing address	13957	<u></u>		
	(Current mailing address)	(E)	رب ح	- Fall 1
8.	TNVEST IN RENTAL PROPERT (Purpose(s) of corporation authorized in home state or country to b	γ			_
	(Purpose(s) of corporation authorized in home state or country to b	e carried out in the state of	Florida)	
9.	Name and street address of Florida registered agent: acceptable)	(P.O. Box or Mail Dro	р Вох	NOT	
	Name: RAY M. GRIZZELL				
	Name: 177 777 GR72222				
	Office Address: 654 EAST ROCK	DRIVE			
	SANIBEL	, Florida , <u>339</u>	<u>57</u>		
10	. Registered agent's acceptance:	(22)	, code,		
co. reg all an	aving been named as registered agent and to accept so reporation at the place designated in this application, gistered agent and agree to act in this capacity. I further statutes relative to the proper and complete performance discrept the obligations of my position as reflected agent.	Thereby accept the agree to comply with the of my duties, and l	appo the pr am fai	inime ovisio miliar	nt as me of
11	. Attached is a certificate of existence duly authenticated, delivery of this application to the Department of State, by official having custody of corporate records in the jurisdi	v the Secretary of State	or oth	ıcr	

incorporated.

12 Names and addresses of officers and/or directors. (Street address ONLY P.O. Box NOT acceptable) A. DIRECTORS (Street address only-P. O., Box NOT acceptable) Chairman Address: _____ and the state of t Vice Chairman: Address: _ GRIZZELL Director: Address: Director: _ Address: 33957 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: 33957 Vice President: Address: RIZZELL Secretary: DRIVE Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. Chairman, Vice Changh, or any officer listed in number 12 of the application) GRIZZELL

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



State of Arkansas SECRETARY OF STATE

CERTIFICATE

EXISTENCE

1, Sharon Priest, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

JACKSONVILLE DODGE, INC.

A CORPORATION CHARTERED UNDER THE LAWS OF THE STATE OF ARKANSAS, FILED ARTICLES OF INCORPORATION IN THIS OFFICE PEBRUARY 5, 1965.

OUR RECORDS INDICATE THIS CORPORATION HAS PAID ALL FEES, TAXES AND PENALTIES OWED TO THIS STATE, AS REQUIRED TO BE COLLECTED BY THIS OFFICE, AND HAS DELIVERED ITS MOST CURRENT ANNUAL CORPORATE FRANCHISE TAX REPORT TO THIS OFFICE.

1 CERTIFY THIS CORPORATION HAS NOT FILED ARTICLES OF DISSOLUTION WITH THIS OFFICE.

IN TESTIMONY WHEREOF, I have hereunto set my hand and Official Seal on this, the 3RD day of SEPTEMBER, 19 96.

Sharon Priest Secretary of State

k) - 1/2-

DAVID MORROW

C-3/Rev 10-1-88