Requestor's Name 660 East Jeffersö	· ' '	
	on Street	
Address Tallahassee, Flor	rida 32301	
City State Zip	Phone	500002378185-
CORPORA	TION(S) NAME	-12/19/9701088( ****122.50 ****12
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CR2E031 (1-89)

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations					
Division of Components					
SUBJECT: AMN Auto Funding Corp.	-				
(Name of corporation - must in	iclude suffix)				
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for A Florida", "Certificate of Existence", and check are submiforeign corporation to transact business in Florida.	authorization to Transact Business in itted to register the above referenced				
Please return all correspondence concerning this matter to the following:					
Patricia A. Duvall					
Patricia A. Duvall (Name of Person)					
AMN Auto Funding Corp.					
(Firm/Company)	)				
7700 W. Camino Real, Ste	400				
(Address)					
D D					
Boca Raton, FL 33433 (City/State/Zip)					
Should you need to call someone concerning this matter,	please call:				
Patricia A. Duvall (Name of Person)	at (561) 416-5701 (Area Code & Dayting Telephone Number)				
·	,				
COURIER ADDRESS: MA	ILING ADDRESS:				
	alification/Tax Lien Section				
	rision of Corporations D. Box 6327				
	J. Box 6327 lahassee, 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:

1.	AMN Auto Funding Corp.					
	(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 or partnership if not so contained in the name at present.)	1				
2.						
	Delaware (State or country under the law of which it is incorporated)  3. 65-0777954  (FEI number, if applicable)					
4.	8/22/97  (Date of Incorporation)  5. perpetual (Duration: Year corp. will cease to exist or	<del>_</del> _				
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")					
6,	9-22-97 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	N N				
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)	SIO				
7.	7700 W. Camino Real, Ste 400					
	Boca Raton, FL 33433	SEY OF				
	(Current mailing address) ಲ್ಲ	- DRS				
	្ត ហ					
8.	AMN purchases retial motor vehicle installment contracts from licensed m	ogor vehic				
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)de.	alers.				
<ol> <li>Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)</li> </ol>						
	Name: Patricia Magee Daly					
	Office Address: 7700 W. Camino Real, Ste 400					
	Boca Raton , Florida , 33433 (Zip Code)					
10	10. Registered agent's acceptance: (Zip Code)					
Ilaving 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.						
	(Regislery agent's highature)	-				

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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. DIRECTORS (Street address only- P. O . Box NOT acceptable) - see attached addendum I Address: Vice Chairman: Address: Director: Director: Address: \_\_ B. OFFICERS (Street address only-P. O. Box NOT acceptable) -see attached addengum I President: Address: Vice President: Address: \_\_\_\_ Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. ATMENT ARCHITECTURE (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) President/Secretary\_

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

#### AMN AUTO FUNDING CORP. OFFICERS

Patricia Magee Daly

President/Secretary

7700 W. Camino Real, Ste 400

Boca Raton, FL 33433

Richard Collins

Vice President

8321 E. 61st Street, Ste 105

Tulsa, OK 74133

A. Glenn Yesner

Treasurer

7700 W. Camino Real, Ste 400

Boca Raton, FL 33433

Teresa Adams

Asst. Vice President

8321 E. 61st Street, Ste 105

Tulsa, OK 74133

Kathy S. Cook

Asst. Vice President

8321 E. 61st Street, Ste 105

Tulsa, OK 74133

Patricia A. Duvall

Asst. Secretary

7700 W. Camino Real, Ste 400

Boca Raton, FL 33433

97 DEC 19 PM 3: 53

DIVISION OF CORPORATIONS

### AMN AUTO FUNDING CORP. DIRECTORS

Patricia Magee Daly

7700 W. Camino Real, Ste 400 Boca Raton, FL 33433

97 DEC 19 PM 3: 53

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMN AUTO FUNDING CORP." IS DULY

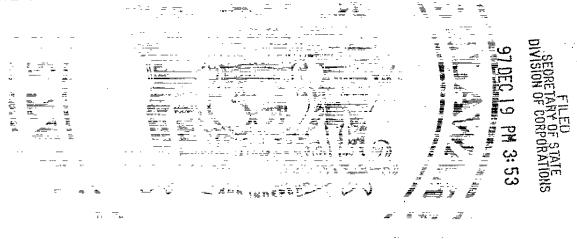
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER,

A.D. 1997.

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



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

8806247

DATE:

12-11-97