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Requestor's Name 660 East Jefferson	Street			
Address Tallahassee, Florid	đa 32301			
City State Zip	Phone	-		
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#### TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations				
SUBJECT: AMN Receivables Finance Corp.  (Name of corporation - must include suffi	x)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorizate Florida", "Certificate of Existence", and check are submitted to reforeign corporation to transact business in Florida.	ion to Transact Business in gister the above referenced			
Please return all correspondence concerning this matter to the following	owing:			
Patricia A. Duvall				
(Name of Person)				
AMN Receivables Finance Corp. (Firm/Company)				
7700 W. Camino Real, Ste 400 (Address)				
Boca <sup>-</sup> Raton, FL 33433	<u> "                                   </u>			
(City/State/Zip)				
Should you need to call someone concerning this matter, please cal	11:			
Patricia A. Duvall at (56) (Name of Person) (Area (	1 ) 416-5701 Code & Dayume Telephone Number)			
COURIER ADDRESS: MAILING A	DDRESS:			
Qualification/Tax Lien Sec.  Qualification/ Division of Corporations  409 E. Gaines St  Tallahassee, FL 32399  Qualification/ Division of Corporations  P. O. Box 632  Tallahassee, FL 32399	27 <sup>-</sup>			

### 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 Receivables Finance 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.)
2.	Delaware  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	12/3/92 5. perpetual (Date of Incorporation) (Duration: Year corp. will cease to exist or
	(Date of Incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
6.	(Date first transacted business in Plorida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
7.	7700 W. Camino Real, Ste 400
	Boca Raton, FL 33433
	(Current mailing address)
8	AMN purchases retail motor vehicle installment contracts from licensed motor vehicle
	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) dealers.  Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Patricia Magee Daly
	Office Address: _ 7700 W. Camino Real, Ste 400
	Boca Raton , Florida , 33433
10.	Registered agent's acceptance: (Zip Code)

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.

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.	addendum T
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	97 97 8E
B. OFFICERS (Street address only- P. O. Box	NOT acceptable)
President:	-see attached adden
Address:	7 P R P R P R P R P R P R P R P R P R P
Vice President:	
Vice President:	_
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum officers and/or directors.	to the application listing additional
13. Patrice Marco Call	- : - :
Signature of Chairman, Vice Chairman, or any of	feer listed in number 12 of the application)
14. Patricia Magee Daly, President,	/Secretary
(Typed or printed name and capacity o	person signing application)

#### AMN RECEIVABLES FINANCE CORP. OFFICERS

NAME

**POSITION** 

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

Kathy S. Cook

Vice President, Asst. Secretary

7700 W. Camino Real, Ste 400

Boca Raton, FL 33433

Teresa Adams

Assistant Vice President

8321 E. 61st Street, Ste 105

Tulsa, OK 74133

Patricia A. Duvall

Assistant Vice President

7700 W. Camino Real, Ste 400

Boca Raton, FL 33433

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#### AMN RECEIVABLES FINANCE CORP.

Patricia Magee Daly

7700 W. Camino Real, Ste 400

Boca Raton, FL 33433

Scott C. Gallivan

6422 NW 102 Terrace Parkland, FL 33076 97 DEC 19 PM 12: 37

SECRETARY OF STATE DIVISION OF CORPORATIONS

## $State\ of\ Delaware$

# Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AMN RECEIVABLES FINANCE 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 BEEN PAID TO DATE.

DIVISION OF CORPORATIONS
97 DEC 19 PM 12: 37

Edward J. Freel, Secretary of State

AUTHENTICATION:

8806240

DATE:

12-11-97