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Requestor's Name TALLAHASSEE, FL 32301					
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City State Zip	Phone	60	000264	8076-	
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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. KetaIL of North Florida INC. (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.) business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.) Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: <u>C T CORPORATION SYSTEM</u> Office Address: 1200 South Pine Island Road Plantation Registered agent acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated

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 obligation of my position as registered agent.

Registered agent's signature)

MARY R. ADAMS

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior 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)

	ECTORS (Street address only - P.O. Box NOT acceptable)
Director Chairman :_	JILL LAJOZIAK
Address:	27 Beverly Rd. GROSSE POINT FARMS, MI. 48236
Vice Chairm	
Address:	1000 GREEN HILLS COVE
	Brentwood, TN. 37027
Director:	
Address:	9455 Chaucer Ct.
	BRENTWOOD, TN. 37027
Director:	
Address:	7 S 9
	LC/C SE
B. OFFI	CERS (Street address only - P.O. Box NOT acceptable)
President:_	Steve W. GRIFFIN
Address:	
	Brentwood, TN. 37027
Vice Preside	nt: JiM CRANER
Address:	1000 Green Hills Cove
	Brentwood, TN. 37027
Secretary:	Heather Brown
Address: _	306 HANIEY Lane
	Franklin, Tr. 37069
Treasurer:	Heather Brown
Address: _	306 Hanley Lone
_	Franklin Tw370le9
NOTE: If no	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Chathe Brown
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	(Typed or printed name and capacity of person signing application)

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State of Delaware Office of the Secretary of State

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

DELAWARE, DO HEREBY CERTIFY "SATURN RETAIL OF NORTH FLORIDA,

INC." 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

TWENTY-FIRST DAY OF SEPTEMBER, A.D. 1998.

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

FILED 98 SEP 24 PM 12: 27

Edward J. Freel, Secretary of State

AUTHENTICATION:

9310942

DATE:

09-21-98

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