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(((H98000018007 8)))

TO: DIVISION OF CORPORATIONS

(850) 922-4003

FAX #:

FROM: TRIPP, SCOTT, CONKLIN & SMITH

075350000065

CONTACT: IRIS HAIBI

PHONE: (954)525-7500

FAX #:

ACCT#:

(954)761-8475

NAME: AUTONATION RECEIVABLES FUNDING CORP.

AUDIT NUMBER...... H98000018007

DOC TYPE..... FOREIGN PROFIT QUALIFICATION

CERT. OF STATUS. 0

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ENTER SELECTION AND <CR>:

SECRETARY OF STATE ONE SIVISION OF CORPORATIONS
98 SEP 29 AM 9: 41

## 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:

I AuroNerion Receivants a se		
I. Autonation Receivables Funding Corp (Name of corporation: must include the word INCORP) words or abbreviations of like import in language as will natural person or partnership if not so contained in the name	ORATED", "COMPANY" "CORPORATED	
2. <u>Delaware</u>		
<ol> <li>Delaware (State or country under the law of which it is incorporated</li> </ol>	3. Applied For	
The state of the s	(FEI number, if applicable)	
A September 2/ 1000		
4. September 24, 1998 (Date of focorporation)	5. Perpetual	
(Coate (ii )Ocorporation)	5. Perpetual (Duration: Year corp. will cease to exist or perpetual')	
6September 24, 1998		
(Date first transacted business in Florida, (SEE SECTIO	NS 607 1501 607 1572 AND BOOK STORES	
7 110 5-10-1-1		
7. 110 Southeast 6th Street, 20th Floor	<u>r</u>	
Fort Lauderdale, PL 33301		
(Current mailin	G 2ddepen	
, —	2 com (42)	
8. Pinaucing		
(Purpose(s) of corporation authorized in home wave		
(Purpose(s) of corporation authorized in home state or cor	unity to be carried out in the state of Florida)	
<ol> <li>Name and street address of Florida registered : acceptable)</li> </ol>	agent: (P.O. Box or Mail Drop Box NOT	
Name: CT CORPORATION SYSTEM		98 SEP
Office Address: 1200 South Pine	Boxd	SEP 29
		S
Plantation.	3237 <i>6</i>	
In Beaternal	, Florida , 33324	
	(cap Coos)	<del>ئ</del> ئ
Having been numed as registered agent and to accomporation at the place designated in this applications are applications.	cept service of process for the charge	
arporation at the place designated in this application application and the place designated in this applications are applications and agree to act in this capacity. If the statutes relative to the proper and complete perform descent the obligations are	cation, I hereby accept the appointment on	
Il statutes relative to the proper and complete perform	writer agree to comply with the provisions of	
ill statutes relative to the proper and complete perfo and accept the obligations of my position as registered	i agent	
Whole Dear	- mg was	
wall The at	lid	
Begistered agent's	cionanica	
Attached is a certificate of auto-	VACAL GOLDSTEIN	
l. Attached is a certificate of existence duly authentic delivery of this application to the Department of State	ated, not more than of Java secretary	
delivery of this application to the Department of Sta official having custody of corporate records in the in	ite, by the Secretary of State or other	
official having custody of corporate records in the juncorporated.	urisdiction under the law of which it is	

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SECRETARY OF STATE DIVISION OF CORPORATIO

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:
Director: James O. Cole
Address: 110 Southeast 6th Street, 20th Floor
Fort Lauderdale, FL 33301
Director: Kathleen W. Hyle
Address: 200 South Andrews Avenue, 11th Floor
Fort Lauderdale, FL 33301
Director: Peter Sorensen
Address: • 2 Wall Street
New York, NY 10005
B. OFFICERS (Street address only-P. O. Box NOT acceptable)
President: Kathleen W. Hyle
Address: 200 South Andrews Avenue, 11th Floor
Fort Lauderdale, FL 33301
Vice President:Jennifer L. Boese
Address: 200 South Andrews Avenue, 10th Foor
Fort Lauderdale, FL 33301
Secretary:
Address: 110 Southeast 6th Street, 20th Floor
Fort Lauderdale, FL 33301
Treasurer: Leland F. Wilson
Address: 200 South Andrews Avenue, 10th Floor
Fort Lauderdale, FL 33301
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer Used in number 12 of the application)
14. James O. Cole, Secretary  (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTONATION RECEIVABLES 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 TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 1998. .

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

2948146 8300

981374070

9324297

AUTHENTICATION:

DATE:

09-28-98