9900002674 Department of St ations Division of Corp P. O. Box 6327 Tallahassee, FL 2314 West AUTO SALES \$ American KENTALS THE SUBJECT: (Proposed corporate name - must include نۍ . د • ـ 800002879008---****157.50 ****78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **É**IS78.75 \$70.00 **\$78.75 S87.50** Filing Fee, Filing Fee Filing Fee Filing Fee & Certificate of Status Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED NOS American FROM: Name (Printed or typed) Kox Address AUGUSTINE 3208 City, State & Zio لینی پیچی پیچی پیچی پیچی پیچی پیچی پیچی 96. 0 ۲ Daytime Telephone number 99 MåY NOTE: Please provide the original and one copy of the articles.

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.

AMERICAN WEST-AUTO SALES AND RENTALS, INC.

 <u>(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or</u> (Name of corporations 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.	Montana 3. 81-0495936 (FEI jumber, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	9-13-1995 5 Perpetur
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	5-4-99
	(Date first transacted business in Florida.) (SEE SECTIONS)607.1501, 607.1502 and 817.155, F.S.)
7.	Z622 Huy ZEast
	Kalso-11 MT. 59901
	(Current mailing address)
8	France bussines in Florida Anto Leasing
2.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9.	<u>Harder Messenes in Harder Harder Harder Ucosing</u> (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Diop Box NOT acceptable) Name: <u>CUMPUES LASKED</u>
	Name: CUMPUB LASKOF
0	Name: <u>CUARUES LASKOF</u> Flice Address: <u>1543 KINGSLEJAN STE 14</u> <u>ORANGE PARK</u> , Florida, <u>52073</u> <u>F</u>
	CRANGE PARK, Florida, 52073 Es
	(Zipicode)

10. Registered agent's acceptance:

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 add 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.

(Registered agent's signature)

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.

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12. Nasges and addresses of officers and/or directors: (Street address ONLY - P.O. Bo	NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Свяјптал:	
Address:	t
Vice Chairman:	
Address:	
Director: Jonna (selarmino	
Address: 2622 Huy 2 E Kalispell MIT 59901	₽ <mark>₽</mark>
Kalispell MIT 59901	2.
Director:	
Address:	
	M C
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	Y 24 PRE
President:ame.SCelarmino	0000 1
Address: 2622 Huy 229St	North Contraction of the second secon
Kalispell MT 59901	1 <u>6</u>
Vice President: dever mino	
Address: 2622 Huy 2 C	
Kalispell MT 59901	Υγ 41
Secretary: Janes T. Gellonning	
Address: 2622 they 2 C Kalispell Mit 59901	
Treasurer: I real plormines	
Address: 2622 Hungar S	
Kalispell, MIT 59901	· · · · ·
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. Journ Clamin	
(Signature of Chairman, Vice Chairman, or any officer listed in number	t 12 of the application)
14. (Typed or printed name and capacity of person signing	i

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

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SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Mike Cooney, Secretary of State of the State of Montana, do hereby certify that

AMERICAN WEST AUTO SALES AND RENTALS, INC.

Duly filed its Articles of Incorporation in this office on July 11, 1994, and on that date was created a body politic and corporate.

I further certify that all taxes, fees and penalties owed to this state have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this May 14, 1999.

MIKE COONEY