

# F99000002675

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Autosource Investment International Inc.  
(Proposed corporate name - must include suffix)

300002884933--6  
-05/25/99--01002--019  
\*\*\*\*236.25 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

RECEIVED

99 MAY 24 PM 4:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Autosource Investment International Inc  
Name (Printed or typed)

P. O Box 5475  
Address

St. Augustine FL 32095  
City, State & Zip

904 353 4188  
Daytime Telephone number

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

NOTE: Please provide the original and one copy of the articles.

mk 5/24/99

**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. Autosource Investment International 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.)

UBI = 6017742140000000

10-5598957

2. BC-CANADA and Washington State  
(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 2/24/97  
(Date of incorporation)

5. \_\_\_\_\_  
(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

MAY 3, 1999

7. 3777 HWY 97N

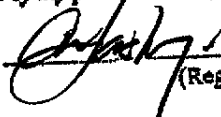
KELOWNA BC V1X 5C3  
(Current mailing address)

8. Processor of leasing vehicles.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CHARLES LASELEYOffice Address: 1543 KINGSLEY AVORANGE PKFlorida, 32073  
(Zip code)**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 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.



(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. 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: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: KERRY GUSTAFSON

Address: RR#3 Camp #1 Kootenai SITE

WILLIAMS LAKE B.C. V2G 1M3

Vice President: KURT GUSTAFSON

Address: RR#3 Box 9 SUTTON ROAD

WILLIAMS LAKE, B.C., CANADA, V2G 1M3

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach a statement to the application listing additional officers and/or directors.

13. [Signature]  
Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. KERRY GUSTAFSON PRESIDENT  
(Typed or printed name and capacity of person signing application)

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# STATE of WASHINGTON



## SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal

hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

AUTOSOURCE INVESTMENT INTERNATIONAL INC.

I FURTHER CERTIFY that the records on file in this office show that the

above named profit corporation was formed under the laws of the

Canada and was issued a Certificate of Authority

in Washington on February 24, 1997.

I FURTHER CERTIFY that as of the date of this certificate, no Certificate of Withdrawal

has been filed, and that the corporation is duly authorized to

transact business in the corporate form in the State of Washington.



Date: May 12, 1999

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

  
S. HARRISON  
Ralph Munro, Secretary of State

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DIVISION  
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