

OCT-07-2010 THU 10:28 AM

Division of Corporations

FAX NO.

01/03

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000220549 3)))



H100002205493ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SHB  
Account Number : 120090000083  
Phone : (904) 359-7810  
Fax Number : (904) 359-7712

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT - 7 PM 3:35

FILED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

RECEIVED  
10 OCT - 7 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Auto Credit of Jacksonville, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

G. MCLEOD

Electronic Filing Menu Corporate Filing Menu OCT - 8 2010 Help

EXAMINER

10/7/2010

OCT-07-2010 THU 10:34 AM

FAX NO.

P. 02/03

((H10000220549 3)))

**ARTICLES OF ORGANIZATION  
OF  
AUTO CREDIT OF JACKSONVILLE, LLC**

The undersigned organizer, who is the authorized representative of Auto Credit of Jacksonville, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is Auto Credit of Jacksonville, LLC.

**ARTICLE II - PRINCIPAL OFFICE**

The street address and the mailing address of the principal office of the Company is 6255 Lake Gray Boulevard, Suite 2, Jacksonville, Florida 32244.

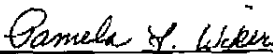
**ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent are Pamela L. Wiker and 701 Riverside Park Place, Suite 310, Jacksonville, Florida 32204.

**ARTICLE IV - MANAGEMENT**

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 6<sup>th</sup> day of October, 2010.

  
\_\_\_\_\_  
Pamela L. Wiker  
Authorized Representative

FILED  
10 OCT - 7 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H10000220549 3)))

OCT-07-2010 THU 10:34 AM

FAX NO.

P. 03/03

((H10000220549 3)))

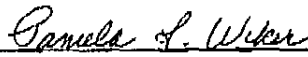
**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, AUTO CREDIT OF JACKSONVILLE, LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Auto Credit of Jacksonville, LLC.
2. The name and street address of the registered agent are Pamela L. Wiker and 701 Riverside Park Place, Suite 310, Jacksonville, Florida 32204.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, Pamela L. Wiker hereby accepts the appointment as registered agent and agrees to act in this capacity. Pamela L. Wiker further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 608, Florida Statutes.

Dated this 6<sup>th</sup> day of October, 2010.

  
Pamela L. Wiker

00725528

((H10000220549 3)))