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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of for	reign limited liability company)				
Delaware 3, 52-2135867					
(Jurisdiction under the law of which foreign limited liab company is organized)	oility (FEI number, if applicable)				
12/21/1998	5. perpetual				
(Date of Organization)	(Duration: Year limited liability company will cease exist or "perpetual")	e to			
Upon the filing of this Application with the Secretary					
(Date first transacted business in Florida	a. (See sections 608.501, 608.502, and 817.155, F.S.)				
110 SE 6th Street, Fort Lauderdale, Florida 33301					
(Street a	ddress of principal office)				
(Succe at	autess of principal office)				
If limited liability company is a manager-man	naged company, check here x	4 R			
TI 11 : 11 Cd :		AUG CRE I			
The usual business addresses of the managing	g members or managers are as follows:				
110 SE 6th Street, Fort Lauderdale, Florida 33301	SS	7.3. 6.			
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Attached is an original certificate of existence, no more the					
e jurisdiction under the law of which it is organized. (A ph	notocopy is not acceptable. If the certificate is in a foreign language	e, a			
	notocopy is not acceptable. If the certificate is in a foreign language	e, a			
e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator must	notocopy is not acceptable. If the certificate is in a foreign language	e, a			
e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator must lab. Nature of business or purposes to be conducted.	notocopy is not acceptable. If the certificate is in a foreign language be submitted.) Setted or promoted in Florida: Any lawful act or activity	e, a			
e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator must	notocopy is not acceptable. If the certificate is in a foreign language be submitted.) Setted or promoted in Florida: Any lawful act or activity	re, a 			
e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator must lab. Nature of business or purposes to be conducted.	notocopy is not acceptable. If the certificate is in a foreign language be submitted.) Setted or promoted in Florida: Any lawful act or activity				
e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator must.) 1. Nature of business or purposes to be conducted authorized under the Limited Liability Company Act of the certificate under the Limited Liability Company.	notocopy is not acceptable. If the certificate is in a foreign language be submitted.) Setted or promoted in Florida: Any lawful act or activity of the State of Florida.	re, a			
e jurisdiction under the law of which it is organized. (A phunslation of the certificate under oath of the translator must lab. Nature of business or purposes to be conducted authorized under the Limited Liability Company Act of Signature of a member of (In accordance with section 608.40)	notocopy is not acceptable. If the certificate is in a foreign language be submitted.) Setted or promoted in Florida: Any lawful act or activity	re, a 			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED 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 Co	ompany is:			
AutoNation South Florida Mana			•	
2. The name and the Florida street addr		gent and office are:	<u>.</u>	. <u> </u>
C T Corpora	ation System			
	(Name)		g.	s to graph and the second
	Pine Island Road t address (P.O. Box <u>NOT</u>	ACCEPTABLE)	SECRE AUL AH	02 AUG
Having been named as registered agent of liability company at the place designated agent and agree to act in this capacity. It relating to the proper and complete perfeobligations of my position as registered of Connic Bayes (Signature) CONNIE BRYAN SPECIAL ASSISTANT SECRETARY	City/State/Zip and to accept service of I in this certificate, I her I further agree to compl formance of my duties, a	eby accept the appo y with the provisions nd I am familiar wit	of all statutes	PROVED FILED FILED FILED Stered
\$ 10	00.00 Filing Fee for .	Application f Registered Agent		

Certified Copy (optional)
Certificate of Status (optional)

5.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTONATION SOUTH FLORIDA MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF AUGUST, A.D. 2002.



Warriet Smith Windson Harriet Smith Windson, Secretary of State

2982419 8300

AUTHENTICATION: 1936930

020515842 DATE: 08-14-02