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FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 24, 2003

JUDY OVERTURF FLEETMAX 3420 S. POST RD. INDIANAPOLIS, IN 46239-8301

SUBJECT: AUTO INVENTORY MANAGEMENT, LLC

Ref. Number: W03000005280

We have received your document for AUTO INVENTORY MANAGEMENT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete date on line 6 of the application, including the year.

Please list the complete principal's office address. This address must be a street address; a post office box is not acceptable.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability; company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist 60 days of Stall Stall please call stall please

Letter Number: 503A00011781

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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:

·· <u></u>	ALTE INVENTERY MAL	e of foreign limited	liability company)		
,	Turnia	3	35-2154875		
(Jurisdic	tion under the law of which foreign limite company is organized)	ed liability	(FEI number, if applicable)		· ·
	11-9-07	5	19-31-2101		
	(Date of Organization)	(1	Duration: Year limited liability company vexist or "perpetual")	vill cease to	5
	ESTINATED JUNE	= 12003			
4	(Date first transacted business in I	Florida. (See sectio	ns 608.501, 608.502, and 817.155, F.S.)		
·	4340 24	PALM PO	(NT		
	ST. PETE		3704 cipal office)		
	(Št	reet address of prin	cipal office)		_
	ted liability company is a manager		-	SECRE	03 APR
The na	nme and usual business addresses o	of the managing	members or managers are as follow	ws: SS =	? 7
A.	. RICHALD DURAN	1 21/2 20	L DALM DALME TO THE		
		USAU 6 -	- 1-42111 70/21 21.14	<u> حرده د</u>	<u> </u>
				35	i.y
				977	<u> </u>
					
the juris	d is an original certificate of existence, no m diction under the law of which it is organize on of the certificate under cath of the transle	ed (A photocopy is	not acceptable. If the certificate is in a fore	custody of r ign languar	ecords i ge, a
. Natur	e of business or purposes to be con	iducted or prom	oted in Florida: forther sale	users	_
Aug.	SAKES	·	<u> </u>		
	5/1	Cum			_
	Signature of a member		d representative of a member.		
	(In accordance with section 60	08.408(3), F. S., the e	xecution of this document constitutes ne facts stated herein are true.)		
	N. GICH	ARD COTTRY			
	Typed o	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 Company is:		
AUTO INVENTORY MALAGOMENT, LLC		•
2. The name and the Florida street address of the registered agent and office are:	Ďs 6	
N. Reisen Cuery (Name)	03 APR - SECRETA ALLAHAS	<u> </u>
6340 200 Acm Com Florida street address (P.O. Box NOT ACCEPTABLE)	7 PM 2: RY OF ST SEE, FLO	E ARCY
57 lete Beach FL 33706 (City/State/Zip)	AJE RIDA	

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, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

AUTO INVENTORY MANAGEMENT, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 09, 2001, and was in existence or authorized to transact business in the State of Indiana on February 20, 2003.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twentieth Day of February, 2003.

TODD ROKITA, Secretary of State

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