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CORPORATION N.	AME(S) & DOCUMENT NUMBER(S), (if known):  9 CRAFE PORTO RATIO RATIO RESIDENT NUMBER(S), (if known):  9 CRAFE PORTO RATIO RESIDENT NUMBER(S), (if known):  9 CRAFE PORTO RATIO RESIDENT NUMBER(S), (if known):  9 CRAFE PORTO RESIDENT NUMBER(S), (if known):  1 CRAFE PORTO RESIDENT NUMBER(S), (if known):  2 CRAFE PORTO RESIDENT NUMBER(S), (if known):  3 CRAFE PORTO RESIDENT NUMBER(S), (if known):  4 CRAFE PORTO RESIDENT NUMBER(S), (if known):  5 CRAFE PORTO RESIDENT NUMBER(S), (if known):  5 CRAFE PORTO RESIDENT NUMBER(S), (if known):  6 CRAFE PORTO RESIDENT NUMBER(S), (if known):  7 CRAF
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	Pick up time Certified Copy  Will wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger Name
	Availability
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership Verifyer
	Reinstatement
1	Trademark W. P. Verify
	Other
	Examiner's Initials

### 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:

	Automotive, L.L.C.	, 11 .1 1 4	d, 1		,,
	gn limited liability company mus ed in the name at present.)	it end with the words	'limited company" or their abbreviati	on L.C.	•
Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)			3. <u>52-2097666</u> (FEI number, if applicable)		
	of Organization)		5. Perpetual (Duration: Year limited liability cowill cease to exist or "perpetual")	6 - N# 86	DIVISION OF CO
·	8 ansacted business in Florida. (S . 57 <sup>th</sup> Avenue, Miami, FL 3301		608.502, and 817.115, F.S.)	PH 2:	CORPORATIONS
2. <u>10000 N.W</u>	. 51 Avenue, Miami, FL 5501	<del>.4</del>		~ ~	- ONS
	(Street	address of principal o	ffice)		
	tle, and business address of each ited liability company in Florida		IGRM] or manager [MGR] who will ge if necessary)	manage	
	NAME & ADDRESS:	TITLE	i:		
	Gold Coast Auto Mall, Inc. 3191 Coral Cables Way Suite 1005 Coral Gables, FL 33145	V03119	<u> </u>		

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of <u>Miami Lakes</u> <u>Automotive, L.L.C.</u> certifies:

	·		
1)	the above named limited liability company has one member;		
2)	the total amount of cash contributed by the member(s) is \$500.00		-
3)	if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made as a part hereto.) \$;	- NUL 86	SECRET/ DIVISION O
	and	Ġ	SAL SAL SAL SAL SAL SAL SAL SAL SAL SAL
4)	the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$500.00.  (This total includes amounts from 2 and 3 above.)	PM 2: 22	OF STATE RPORATIONS

Miami hies Automotive, L.L.C.

By: rold leart Auto Mall, Inc., its manager

Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph Herman, C.O.O.

Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

## 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:		
Miami Lakes Automotive, L.L.C.	98	p V s
2. The name and the Florida street address of the registered agent and office are:		ECRETARY FILL FILL FILL FILL FILL FILL FILL FIL
David Yusko (name)	PM 2: 22	OF STATE DRPORATIONS
3191 Coral Gables Way, Suite 1005 Florida street address (P.O. Box NOT acceptable)	N	)HS
Coral Gables, FL 33145 City/State/Zip		

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.

(Signature)

Filing Fee: \$35 for Designation of Registered Agent

#### State of Delaware

#### Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MIAMI LAKES AUTOMOTIVE, L.L.C." 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 FOURTH DAY OF JUNE, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

9118893

981214527

2893267 8300

DATE:

06-04-98