980000000933 **CORPORATION**

ACCOUNT NO.

: 072100000032

REFERENCE :

937681

4324340

AUTHORIZATION

COST LIMIT

ORDER DATE: August 24, 1998

285,00

ORDER TIME :

2:12 PM

100002624801--2

ORDER NO. : 937681-005

CUSTOMER NO: 4324340

CUSTOMER:

Ms. Kierstin M. Shimmel

Finn Dixon & Herling LLP

One Landmark Square

Stamford, CT 06901

DIVISION OF CORPORATION

FOREIGN FILINGS

NAME:

COLLISION TEAM OF FLORIDA, LLC

XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

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

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

	3,	the words "limited company" or their ab :: "L.L.C." is not an acceptable suffix in	
Delaware Jurisdiction under the law of which for		ty (FEI number, if applicable)
Jurisdiction under the law of which for company is organized)	CIBIT III III CO III COII	.,	
		5. Perpetual	
August 17, 1998 (Date of Organization	n)	(Duration: Year limited liability co	mpany will
		case in exist or perpendicy	
October 1, 1998			1.55 5.0
(Date first transacted bu	siness in Florida.	(See sections 608.501, 608.502, and 817	(.155, F.S.)
500 East Ohio Street - 1	2nd Floor		
Indianapolis, IN 46204			
	(Street address of	principal (Artoc)	
manage the foreign limited habili	ty company in I	nanaging member[MGRM] or ma Florida: (attach additional page if i	iecessary)
manage the foreign limited liabili	ty company in l	Torida: (attach additional page if i	iecessary)
manage the forcign limited habili NAME & ADDRESS:	ty company in I	·londa: (attach additional page if i	iecessary)
manage the foreign limited habili NAME & ADDRESS: Kevin J. Martin	ty company in I	·londa: (attach additional page if i	iecessary)
manage the forcign limited habili NAME & ADDRESS:	TITLE:	·londa: (attach additional page if i	iecessary)
NAME & ADDRESS: Kevin J. Martin 500 East Ohio Street	TITLE:	·londa: (attach additional page if i	iecessary)
NAME & ADDRESS: Kevin J. Martin 500 East Ohio Street	TITLE:	·londa: (attach additional page if i	iecessary)
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NAME & ADDRESS: Kevin J. Martin 500 East Ohio Street	TITLE:	·londa: (attach additional page if i	iecessary)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representati	ve of a member of
The undersigned member of authorized representation	
Collision Team of Florida, LLC	deposes and says:
1) the above named limited liability company has at	least we members .
2) the total amount of cash contributed by the memb	
3) if any, the agreed value of property other than cases \$\frac{-0-}{} A description of the property of the propert	sh contributed by member(s) is perty is attached and made a part hereto.
4) the total amount of cash or property anticipated to \$4.5 million approxhis total includes amounts	be contributed by member(s) is from 2 and 3 above.
- 411 t m 4-0	rian The

Collision Team of America, Inc., Manaaging Member of Collision Team of Florida, LLC

Signature of a member or 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.)

Kevin J. Martin, Chief Financial Officer

Filing Fee: \$ 52.50 for 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the lim	ited liability company is:	Collision Team	of Florida, LLC
2. The name and address	ess of the registered agen	at and office is:	•
	Corporation Service (Company	
	(Name)		
	1201 Hays Street	<u> </u>	
	(P.O. Box not acce	plable)	
	Tallahassee, FL 3230	01	

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.

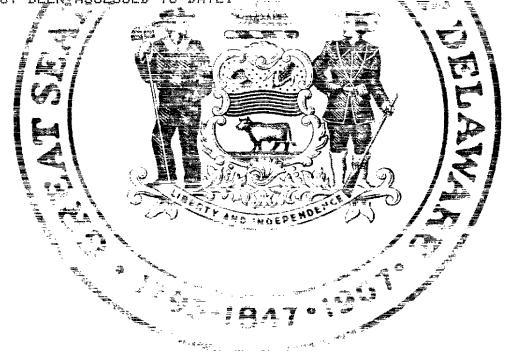
By Signature) S-24-98 (Date)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLISION TEAM OF FLORIDA, LLC" 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 TWENTY-FOURTH DAY OF AUGUST, A.D. 1998.

FURTHER CERTIFY THAT THE AUNUAL TAXES HAVE



Edward J. Freel, Secretary of State 9267925

AUTHENTICATION:

08-24-98

981330632

DATE:

2934340 8300