

072100000032 ACCOUNT NO. :

REFERENCE: 4391205_

AUTHORIZATION :

COST LIMIT: 337,50

order date: 7/15/99

ORDER TIME :

10:30 am 307724-5 ORDER NO.

CUSTOMER NO: 4391205

DOMESTIC FILING

LLC WODFI NAME:

700002932067-

EFFECTIVE DATE:

ARTICLES OF INCORPORATION/Organization CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

WODFI LLC (Name of foreign limited liability company muss so contained in the name at present.)	t end with the wo	rds "limited company" or their abbrevia	ation "L.C." if not
2. Delaware (Jurisdiction under the law of which foreign lim	3.	Applied For (FEI number, if applical	ble)
4. 07/07/1999 (Date of Organization)	5.	Perpetual (Duration: Year limited liability comexist or "perpetual")	pany will cease to
6. Upon Qualification (Date first transacted business	in Florida. (See se	ections 608.501, 608.502, and 817.155,	F.S.)
7. 100 NW 12th Avenue	 		
Deerfield Beach, FL 33442			
20.00	(Street address of	principal office)	-
 List name, title, and business address of will manage the foreign limited liability 	f each managin company in F	g member[MGRM] or manager lorida: (attach additional page if	[MGR]who necessary)
NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
World Omni Financial Corp. 100 NW 12th Avenue	MGRM.		
Deerfield Beach, FL	33442		ALL AHALIA
			SEE D
			2: 54 ORIDA
	 .	du dumar .	- <u>4.</u> · · · -
9. Attached is an original certificate of existence, no having custody of records in the state under the law	more than 90 day	s old, duly authenticated by the Secretary	y of State or the proper official If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

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	f the Limited Liability Com	pany is:		
WODFI LLC				
2. The name a	nd the Florida street addres	s of the registered ager	nt and office are:	
-	Corporation Servic	e Company		
		(Name)	-	
	1201 Hays Street			
	CEPTABLE)			
	Tallahassee	FL	32301	
		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.

Corporation Service Company

(Corporation Service Company

(Corpor

Filing Fee: \$ 35 for Designation of Registered Agent

99 JUL 15 FM12: 5

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of WODFI LLC			
certifies:	 .		
1) the above named limited liability company has at least one member;			
2) the total amount of cash contributed by the member(s) is	\$1,000	0.00	
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 a part hereto.)	\$	<u>0.00</u> ;	
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)		\$ <u>1,000.00</u>	
WODFI LLC By: World Omni Financial Corp., its sole member Signature of a member of an authorized representative of a mem (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.)	ber.		
A. Tucker Allen, Treasurer Typed or printed name of signee		- -	
	SECAETA	7NF 66	П

Filing Fee: \$250.00 for Application and Affidavit

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 "WODFI 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 EIGHTH DAY OF JULY, A.D. 1999.



Edward J. Freel, Secretary of State

AUTHENTICATION:

9851921

DATE:

07-08-99

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