# 9900001242

ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE :

August 2, 1999

ORDER TIME :

10:26 AM

ORDER NO.

327704-070

CUSTOMER NO:

5123330

900002951539

CUSTOMER:

Ms. Joan Como

Cox Enterprises, Inc 1400 Lake Hearn Drive

Atlanta, GA 30319

FOREIGN FILINGS

NAME:

AUTOCONNECT, L.L.C.

XXXX QUALIFICATION

(TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: James Guy



FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State RECEIVED

99 AUG -6 FH 12: 13

August 6, 1999

JAMES GUY CSC NETWORKS TALLAHASSEE, FL

SUBJECT: AUTOCONNECT, L.L.C. Ref. Number: W99000018214

RESUBMIT

Please give original submission date as file date.

We have received your document for AUTOCONNECT, L.L.C. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The total amount required to file this company is \$285.00. Please correct the amount on your cover sheet.

ALSO, in Item 8, we need to know who the MANAGERS are OR who the MANAGING MEMBERS are. You have given us a list of names. Please indicate which ones are MANAGING MEMBERS, or WWHICH ONES are MANAGERS.,

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

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 799A00039831

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

AutoConne				Els.	OF THE
Name of fo	ect, L.L.C.  oreign limited liability company mus  i in the name at present.)	st end with the wor	ds "limited company" or their abbrevi	ation "L.C." if not	
Delaware	-	3, _	58-2373904		1. 87
	n under the law of which foreign lin organized)	nited liability	( FEI number, if applicable	e)	G (
Decembe	er 18, 1997 (Date of Organization)		Perpetual (Duration: Year limited liability com	pany will cease to	<u></u>
			exist or "perpetual")		
upon fil	ling (Date first transacted business in	Florida. (See section	ons 608.501, 608.502, and 817.155, F.S	.)	
1400 la	ke Hearn Drive, Atlanta, Ge	eorgia 30319	- 11 <u>4 - 1</u> - 1 - 1 - 1 - 1 - 1	<u> </u>	
		(Street address of prin	noinal office)	-	
	- 11 -	TITLE:	NAME & ADDRESS:	TITLE:	
	MANHEIM AUCTION, TNC.	mgrm			
	MANHEIM AUCTION, INC.	<u>MEMBER</u>	1400 LAKE HEARN DRIVE	<del>-</del>	
	MANHEIM AUCTION, INC.	MEMBER	ATLANTA, GA 30319		
	MANHEIM AUCTION, INC.				
	ADP, INC.	MEMBER  MEMBER  MEMBER			
		- mgem	ATLANTA, GA 30319		
		member	ATLANTA, GA 30319		
		MEMBER	ATLANTA, GA 30319		

<sup>9.</sup> 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 in 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 member or authorized representative of a member of AutoConnect, I	L.C. 3
certifies:	L.c. 31.25
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>17.324.757</u> ;
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.) and	\$_0;
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.)	\$ 17,324,757
Signature of a member or an authorized representative of a member	ber.

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.

AutoConnect, L.L.C.			
2. The name a	and the Florida street address of the registered agent and office are:		
	Corporation Service Company		
	(Name)		
	1201 Hays Street		
	Florida street address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee, Florida 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.

By: Websrah W. Skipper as its agent

(Signature)

Deborah D. Skipper as its agent

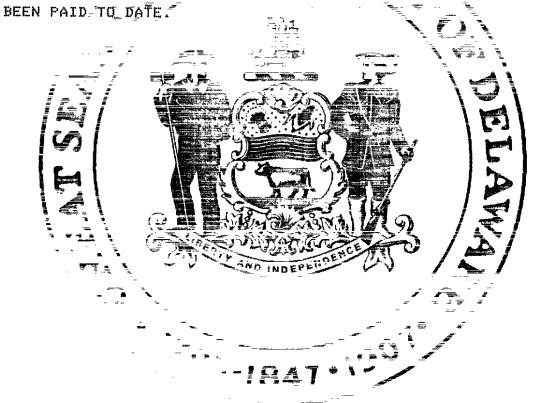
Filing Fee: \$ 35 for Designation of Registered Agent

#### State of Delaware

#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUTOCONNECT, 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 SECOND DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE





Edward J. Freel, Secretary of State

AUTHENTICATION:

9899132

991318758

8300

2835304

DATE:

08-02-99