

996000001073  
(SAMPLE LETTER OF TRANSMITTAL)

Date December 26th, 1995

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
DEC 27 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

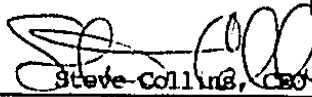
Re: ALCREDIT ACCEPTANCE CORPORATION, Inc.  
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

  
Steve Collins, CEO  
(individual's name)  
600001672126  
12/27/95--01074--011  
\*\*\*\*122.50 \*\*\*\*122.50

Alcredit Acceptance Corporation  
(name of corporation)

1/4/96

MAILING ADDRESS OF CORPORATION		
Alcredit Acceptance Corporation		
#50 West Dearborn Englewood, Florida 34223		
PHONE		
( 941 )	474-3307	
Area Code	Number	Ext.

## ARTICLES OF INCORPORATION

of  
ALCREDIT ACCEPTANCE CORPORATION  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

ALCREDIT ACCEPTANCE CORPORATION

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Ten-Thousand shares (10,000 ) of common stock Dollar(s) (\$ 10.00 ) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME:	Steve Collins		
ADDRESS	#50-52 West Dearborn		
CITY	Englewood	FLORIDA	ZIP 34223

The principal office, if known, or the mailing address of the corporation is:

NAME:	Alcredit Acceptance Corporation		
ADDRESS	#50 West Dearborn		
CITY	Englewood	FLORIDA	ZIP 34223

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Three ( -3- ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Steve Collins, Chief Executive Officer		
ADDRESS	5029 Duprell Terrace		
CITY	Port Charlotte	STATE Florida	ZIP 33981
NAME	Lonny Richardson, Chief Financial Officer		
ADDRESS	1371 Flamingo Drive		
CITY	Englewood	STATE Florida	ZIP 34224
NAME	Antionette Seymour		
ADDRESS	#1 West Point Circle		
CITY	Englewood	STATE Florida	ZIP 34224

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Steve Collins		
ADDRESS	5029 Duprell Terrace		
CITY	Port Charlotte	STATE Florida	ZIP 33981
NAME	Lonny Richardson		
ADDRESS	1371 Flamingo Drive		
CITY	Englewood	STATE Florida	ZIP 34224
NAME	Antionette Seymour		
ADDRESS	#1 West Point Circle		
CITY	Englewood	STATE Florida	ZIP 34224

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 26th day of December, 19 95.

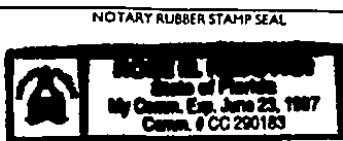
[Signature] CEO (Seal)  
[Signature] CFO (Seal)  
[Signature] Sec/Treas (Seal)

STATE OF FLORIDA )  
COUNTY OF SARASOTA ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>[Signature]</u> Signature	<u>[Signature]</u> Form of Identification
<u>[Signature]</u> Signature	<u>[Signature]</u> Form of Identification
<u>[Signature]</u> Signature	<u>[Signature]</u> Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.



Witness my hand and official seal in the County and State last aforesaid this 26th day of December, 19 95.  
[Signature]  
ROSE M. REDOVAN  
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**ALCREDIT ACCEPTANCE CORPORATION**

*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at #50 - 52 West Dearborn, Sarasota County  
Englewood, Florida 34223

has named Steve Collins

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

  
Steve Collins  
*(registered agent)*