Requestor's Name Address City State 217 CORPORATION(S) NAME Profit) NonProfit () Amendment () Mergar () Foreign) Dissolution () Mark) Limited Partnership) Annual Report () Other) Reinstatement) Reservation) Change of Registered Agent -Certified Copy) Photo Copies () Certificate Under Seat) Call When Ready () Call If Problem () After 4:30 OIVIDE OF CORPORATION Pick Up Walk In () Will Walt () Mall Out DEC = 4 1996 Availability Document AL Exeminar CERTIFIED COPY Updater Verifier

Acknowledgment

CR2E031 (R8-85)

W.P. Varifier

ARTICLES OF INCORPORATION 96 DEC -4 PM 2: 39 of HUTONATION 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: AUTONATION FINANCE . Euc. 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 Z million shares (2,000,000) of The corporation is authorized to issue __ ___) par value Common Stock, which shall be designated "Common Shares". Dollar(s) (\$ ___ 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 ADDRESS **FLORIDA** CITY The principal office, if known, or the mailing address of the corporation is: NANCE

FLORIDA

ADDRESS

CITY

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have(increased or diminished from time to time by the B of the initial director(s) of the corporation are as follows:		
NAME GARRY E. Hunt		
ADDRESS 1741 DE 564	street Suites	
CITY Pt. Landerdale	STATE FL	ZIP <i>3</i> 3334
NAME	·	7
ADDRESS		
спту	STATE	ZIP
NAME		
ADDRESS	·	
CITY	STATE	ZIP
ADDRESS 1741 DE 564.	Street, Suites	ZIP S &\$3.4
NAME		· · · · · · · · · · · · · · · · · · ·
ADDRESS		
CITY	STATE	ZIP
NAME		· · · · · · · · · · · · · · · · · · ·
ADDRESS		
СІТҮ	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subsciding of Section 19 19	eriber(s) have executed these Articles of Inc	corporation this(Seal)

(Scal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

FILED

96 DEC -4 PM 2: 39
CERTIFICATE OF REGISTERED AGENT SECRETARY OF STATE

OF

SECRETARY OF STATE ALLAHASSEE. FLORI**DA**

AUTONATION	FINANCE	Inc.	
(name c	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	1741	NE	564	<u>く</u> 計	rzet	, Suite	5	
	Pt.L	<u>molc</u>	v da	و	PL.		<i>f</i>	
has named _	G			,				
						ccept service o	of process w	ithir
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.

(registered agent)