CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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ARTICLES OF INCORPORATION

SECRETARY OF STATE CIVISION OF CORPORATIONS 99 OCT - 1 AM 9: 06

OF

Y 2 KAR Services and Repairs Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Y 2 KAR Services and Repairs Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 12828 Henderson Road, Tampa, FL 33625.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Gregory F. Boyer, 2522 Lake Ellen Lane, Tampa, FL 33618.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the initial Board of Directors of the corporation is President, Napoleon J. Farfan, 6149 Seaford Drive, Holiday, FL 34690.

The undersigned has executed these Articles of Incorporation this 1st day of October 1999.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

99 OCT - 1 AM 9: 06

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, 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	corp	orat:	ion	is:	Y 2	KAR	Services	and	Repairs	Inc.
											7	•		
2.	The	name	and	l st	reet	addr	ess	of.	the	re	gistere	l age	ent and	office
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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

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