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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 31 PM 4: 29

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Via Novus Capital LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ann Otto

Name of Person

Via Novus Capital LLC

Firm/Company

19 Ludlow Rd Suite 202

Address

Westport CT 06880

City/State and Zip Code

aotto@vianovuscapital.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Ann Otto

Name of Person

203

Area Code & Daytime Telephone Number

557 5590

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Via Novus Capital LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Via Novus Recovery LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Connecticut

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27 5332711

(FEI number, if applicable)

4. _____
(Date of Organization)

5. _____
(Duration: Year limited liability company will cease to exist or "perpetual")

6. October 2013

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 19 Ludlow Rd Suite 202

Westport CT 06880

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

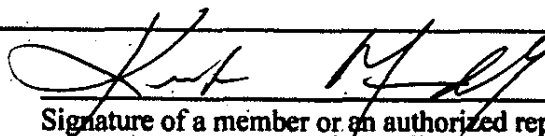
Keith Minella 19 Ludlow Road Suite 202 Westport CT 06880

Brian Thede 19 Ludlow Road Suite 202 Westport CT 06880

Phillip Dolamore 1832 Monte Carlo Way, Coral Springs Fl 33071

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Business and consulting services



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 the Limited Liability Company is:

Via Novus Capital LLC

If unavailable, the alternate to be used in the state of Florida is:

Via Novus Recovery LLC

2. The name and the Florida street address of the registered agent and office are:

Phillip R Dolamore

(Name)

1832 Monte Carlo Way

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Coral Springs FL 33071-7829

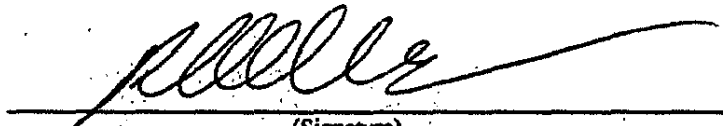
City/State/Zip

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TALLAHASSEE, FLORIDA

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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 as provided for in Chapter 608, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that articles of organization for

VIA NOVUS CAPITAL LLC

a domestic limited liability company, were filed in this office on February 28, 2011. The following is a
list of all documents filed in this office:

Filing Type: File Date/Time: Effective Date/Time:

ARTICLES OF
ORGANIZATION

February 28, 2011 12:22 PM

REPORT (2012)

September 18, 2013 02:48 PM

REPORT (2013)

September 18, 2013 02:49 PM

CERTIFICATE OF
AMENDMENT

September 19, 2013 12:00 PM

Articles of dissolution have not been filed, and so far as indicated by the records of this office such
limited liability company is in existence.



Secretary of the State

Date Issued: October 28, 2013

Business ID: 1029941

Longform

Certificate Number: 2013312135001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>