

1714000000014 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

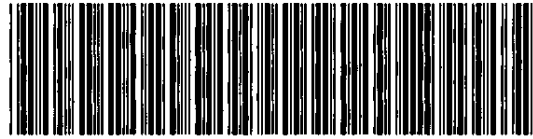
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900254914749

12/26/13--01019--027 \*\*155.00

RECEIVED  
FALLS CHURCH, VA  
2013 DEC 26 PM 12:32

B. BOSTICK  
JAN - 2 2013  
EXAMINER

**Hewitt Capital LLC**

**1116 Kenmore Ave.  
Buffalo, NY 14216-1314**

State of Florida  
FL Reg Section Division of Corporations  
2661 Executive Center Circle Clifton Building  
Tallahassee, FL 32301

**RE: Hewitt Capital LLC**

To Whom It May Concern:

Enclosed you will find our completed application.

Please mail all correspondence to:

Robert McDonald  
Hewitt Capital LLC  
1116 Kenmore Ave.  
Buffalo, NY 14216-1314

If you have any questions regarding this application, please contact:

Robert McDonald  
Hewitt Capital LLC  
Phone: (855) 597-4553  
Fax: (716) 768-1521  
Email: robert@hewitt-capital.com

Enclosures

2013 DEC 26 PM 12:32  
TALLAHASSEE, FL 32301

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HEWITT 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:

Robert McDonald  
Name of Person

Hewitt Capital LLC  
Firm/Company

1116 Kenmore Ave.  
Address

Buffalo, NY 14216  
City/State and Zip Code

robert@hewitt-capital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert McDonald at ( 855 ) 597-4553  
Name of Person Area Code & Daytime Telephone Number

**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

TALLAHASSEE, FL 32301  
2012 DEC 26 PM 12:32

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. HEWITT CAPITAL LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. New York 3. 45-4490447  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/26/2012 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

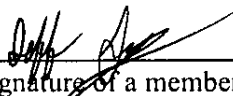
7. 1116 Kenmore Ave., Buffalo, NY 14216  
(Street Address of Principal Office)

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:  
Robert P McDonald, 1116 Kenmore Ave., Buffalo, NY 14216

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: Debt Collection

  
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.)

Jeff Schoenberg  
Typed or printed name of signee

2012 DEC 26 PM 12:32  
TAL...  
L...  
S...  
E...

**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:

HEWITT CAPITAL LLC

---

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

---

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

C T Corporation System

(Name)

1200 South Pine Island Road

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

Plantation FL 33324

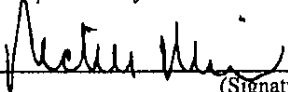
City/State/Zip

2014 DEC 26 PM 12:33  
FALLING WATER

*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.*

C T Corporation System

By:



(Signature)

**Michele Miller**  
**Assistant Secretary**

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

**State of New York  
Department of State } ss:**

*I hereby certify, that HEWITT CAPITAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/26/2012, and that the Limited Liability Company is existing so far as shown by the records of the Department.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 12th day of December  
two thousand and thirteen.*

A handwritten signature in cursive script that reads "Anthony Giardina".

Anthony Giardina  
Executive Deputy Secretary of State

201312130166 • EZ

2013 DEC 26 PM 12:33  
TALAMON, P. J.

**Collectors Insurance Agency, Inc.**  
**Power of Attorney**

NOTICE IS HEREBY GIVEN THAT Hewitt Capital, LLC, ("Entity") an entity organized under the laws of New York, does hereby appoint, Angela Butera, Lisa M. Eubanks, Jeff Schoenberg and Janis St. Martin while employed by Collectors Insurance Agency, Inc. as attorney-in-fact for the entity to act for the entity and affiliates and subsidiaries of the entity attached hereto as Exhibit A, specifically organized herein by reference ("the Subsidiaries") in the Entities' and Subsidiaries' names for the limited purposes authorized herein.

The Entity and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file qualifications, certificates of authority, registrations, business registrations, licenses, permits and forms of similar import on behalf of the Entity and Subsidiaries in any state, jurisdiction, the District of Columbia and Puerto Rico.

This Power of Attorney expires when revoked by the Entity or Affiliates or Subsidiaries.

IN WITNESS WHEREOF, the undersigned have executed this Power of Attorney on the ~~24~~ day of ~~October~~, 2013.

*14 November*



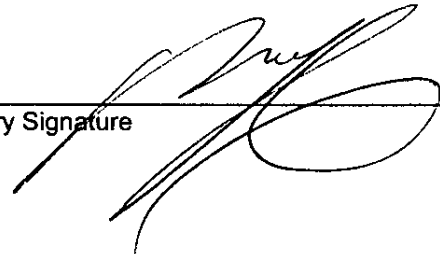
\_\_\_\_\_  
Signature of Authorized Entity Representative

Robert McDonald, Managing-Member/President/CEO  
Print Name and Title

Sworn to and subscribed before me  
This 14 of November, 2013

Notary Public, State of NY  
Commission Expires: 5-31-14

\_\_\_\_\_  
Notary Signature



**EDITH R. LEFF**  
Notary Public, State of New York  
Qualified in Erie County  
My Commission Expires May 31, 2014

2013 DEC 26 PM 12:33  
FALLAHOUSE