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Special Instructions to Filing Officer:				
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Office Use Only



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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

411 DEC 26 FU 12: 3:

CR2E027 (9/10)

COVER LETTER

	Name of Limited Liability Company	
	iability Company for Authorization to Transact Business in a above referenced foreign limited liability company to trans	
	matter to the following:	ease return all correspondence concerning th
		Robert McDonald
	Name of Person	
		Hewit Capital LLC
	Firm/Company	
		1116 Kenmore Ave.
	Address	
		Buffalo, NY 14216
	City/State and Zip Code	
	ss: (to be used for future annual report notification)	robert@hewitt-capital.com
5. 61		
77	please call:	or further information concerning this matter,
3 5	at (_855) _597-4553	Robert McDonald
22 S	Area Code & Daytime Telephone Number	Name of Person
F 19	STREET ADDRESS:	MAILING ADDRESS:
(P) (S	Division of Corporations	Division of Corporations
် မှ	Registration Section Clifton Building	Registration Section P.O. Box 6327
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassec, FL 32314

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:

١	HEWITT CAPITALLLC		
••	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC."))
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attachment of the managers or managing members adopting the alternate name. The alternate name must include ompany," "L.L.C," "LLC.")	ch a copy "Limited	of the written Liability
2.	New York (Jurisdiction under the law of which foreign limited liability 3. 45-4490447 (FEI number, if applicable)		
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	ı	
4.	01/26/2012 5. <u>Perpetual</u>		
	(Date of Organization) (Duration: Year limited liability comparents or "perpetual")	ay will cea	ise to
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		
		睪、	Francisco Carlot
	(Street Address of Principal Office)	5.5.	
8.	If limited liability company is a manager-managed company, check here	628 573 573	50 26
9.	The name and usual business addresses of the managing members or managers are as fo	llows:	aming atte to 1 aming at aming to
	Robert P McDonald, 1116 Kenmore Ave., Buffalo, NY 14216	7	P. 12:
		÷	2
			
th	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foundation of the certificate under oath of the translator must be submitted.) 	_	•
11	Nature of business or purposes to be conducted or promoted in Florida:	<u> </u>	
	Debt Collection		<u>. </u>
	Deph As		
	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 sub document to the Department of State constitutes a third degree felony as provided for in s.8		
	Jeff Schoenberg		
	Typed or printed name of signee		

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 CAPITALLLC	
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)	TACT TO SERVE
1200 South Pine Island Road	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	6
Plantation FL 33324	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stationary at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, Statutes. C T Corporation System Michele Miller Assistant Secretary	ent as visions of all with and Florida

\$ 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.

Outliny Sicidina
Anthony Giardina

Executive Deputy Secretary of State

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Collectors Insurance Agency, Inc. Power of Attorney

NOTICE IS HEREBY GIVEN THAT Herorganized under the laws of New York, do Eubanks, Jeff Schoenberg and Janis St. Martin wh Inc. as attorney-in-fact for the entity to act for the entity attached hereto as Exhibit A, specifically orgin the Entities' and Subsidiaries' names for the limit	ile employed by Collectors Insuran e entity and affiliates and subsidia anized herein by reference ("the S	ra, Lisa ice Age iries of t	a M ency, the
The Entity and Subsidiaries, having taken hereby grants it's attorney-in-fact the power to qualifications, certificates of authority, registrations forms of similar import on behalf of the Entity a District of Columbia and Puerto Rico.	execute the documents neces, business registrations, licenses,	sary to permits	o file s and
This Power of Attorney expires when revok	ed by the Entity or Affiliates or Sub	sidiarie	S.
IN WITNESS WHEREOF, the undersigned have exthe 29 day of Octobre, 2013.	Signature of Authorized Entity Rep Robert McDonald, Managing-Member/F Print Name and Title		
Sworn to and subscribed before me This	EDITH R. LEFF Notary Public, State of New Yor Qualified in Eric County	TALLABASSE TO BE	2014 DEU 26 PM 12: 33

My Commission Expires May 31, 2014

Notary Signature