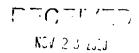
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	Brentwill Capital, LLC						
SUBJECT: _	Name of Limited Liability Company						
he enclosed " xistence, and	Application by Foreign Limited Liability C check are submitted to register the above r	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busing	" Certifica ness in Fl				
ease return a	Il correspondence concerning this matter to	o the following:					
	W. Thomas Hewitt						
		Name of Person					
	Brentwill Capital, LLC						
		Firm/Company					
	780 Fifth Avenue South, Suite 200						
		Address					
	Naples, FL 34102						
	Ci	ity/State and Zip Code					
	wth99@aol.com						
	E-mail address: (to be	used for future annual report notification)					
or further info	ormation concerning this matter, please cal	l:	-3				
W. Thomas Hewitt		502 836-2048	•				
	Name of Contact Person	Area Code Daytime Telephone Number	33				
Mailing Address:		Street Address:	:				
•	stration Section	Registration Section	- 7				
Division of Corporations		Division of Corporations	3				
	Box 6327	The Centre of Tallahassee	` '				
Talla	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	sed is a check for the following amount: e make check payable to: FLORIDA DEP	ARTMENT OF STATE					
	25.00 Filing Fee S130.00 Filing Fee	2 & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee,					

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Limited Liability Company; must include "Limited	Liability	Company," "L L.C.," or "LLC.")		
name adopted for the purpose of transacting business in Flo	orida, The	alternate name must include "Limited Liability Co	inpany," "L.L.C," or "Ll	
Kentucky		61-1300456		
(Jurisdiction under the law of which foreign limited hability company is organized)		3. (FEI number, if applicable)		
0 S				
(See sections 605.0904 & 605.0905, F.S. to determine	ne penalty	liability)		
780 Fifth Avenue South, Suite 200		780 Fifth Avenue South, Suite 200		
	о.	(Mailing Address)		
		Naples, FL 34102		
	•			
		- 115		
ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	ecceptable)	2	
	<u>NOT</u> a	icceptable)	2791	
ss of Florida registered agent: (P.O. Box) W. Thomas Hewitt	<u>NOT</u> :	icceptable)	2.58.	
W. Thomas Hewitt	<u>NOT</u> a		2.50,	
			.53	
W. Thomas Hewitt 780 Fifth Avenue South, Suite 200			. 53	
	name adopted for the purpose of transacting business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	(Date first transacted business in Florida, if prior to registration (See sections 605,0904 & 605,0905, F.S. to determine penalty buth, Suite 200	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (200 T80 Fifth Avenue South, Suite 200	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered ment's signature

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: _ The Hewitt Group, Inc. Summit Capital □Manager □Manager P.O. Box 23108 Address: P.O. Box 23108 ■ Member **≅**Member Louisville, KY 40223 Louisville, KY 40223 □ Authorized □ Authorized Person Person Other____ Other__ □Other____ □Other__ Name: _____ □Manager Name: □Manager ☐ Member Address: _ ___ ____ ☐ Member Address: ____ ☐ Authorized □ Authorized Person Person □Other __ __ _ □Other Other____ □Other____ □Manager □Manager Name: Address: __ _ □Member □Member Address: __ __ __ __ __ ___ □Authorized □ Authorized Person Person □Other_____ □Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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

W. Thomas Hewitt

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 238173

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

BRENTWILL CAPITAL, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 4, 1996 and whose period of duration is December 31, 2026.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of November, 2020, in the 229th year of the Commonwealth.



michael J. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 238173/0414340