## -9900006472 CORPORATION

ACCOUNT NO. :

072100000032

REFERENCE :

515118

7189172

AUTHORIZATION :

ORDER DATE : December 14, 1999

ORDER TIME :

10:13 AM

ORDER NO. :

515118-005

600003071276

CUSTOMER NO:

7189172

CUSTOMER:

Ms. Kimberly D. Ellis Capital One Financial

7925 Jones Branch Drive

Mc Lean, VA 22101

THE WESTMORELAND AGENCY,

XXXX QUALIFICATION

(TYPE: <u>CO</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

### TRANSMITTAL LETTER

To: Qualification/Tax Lien Section		
Division of Corporations	,	
SUBJECT: The Westmoreland Agency, Inc. (Name of corpora	ation - must include suffix)	99 DEC
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence", and check are submitted to transact business in Florida.	for Authorization to Transact Bu to register the above referenced f	siness in Florida, oreign corporation, 22
Please return all correspondence concerning this ma	tter to the following:	<b>5</b> =
Kim Ellis		
(Nam	e of Person)	
Capital One Services, Inc.		
(Firm	/Company)	
7925 Jones Branch Drive		· · · · · · · · · · · · · · · · · · ·
(4	Address)	
McClean, VA 22101		
	y/State/Zip)	•
·		
Should you need to call someone concerning this n	natter, please call:	
Kim Ellis	703 ) 289-7893 Area Code & Daytime Telephone	Number)
(Name of Person) (A	Non Codo de Day maio 2 mag	
	MAILING ADDRESS:	
STREET ADDRESS:		
Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St.	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ion
Tallahassee, FL 32399	<del></del>	· ·
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

words or abbrev	ration; must include the word "INCO iations of like import in language as	ORPORATED", "C		3 A TTT ( ) N I II	
	r partnership if not so contained in the	will clearly indicate name at present.)	te that it is a corporation	instead of a	2:00
2. Delaware	gelaware 3. 54-1858389				
	y under the law of which it is incorp	orated)	(FEI numbe	r, if applicable)	
4. July 15, 19	997	5. Perpetua		***	·-
(Dat	e of incorporation)	(Duration:	Year corp. will cease	to exist or "perpetual")	
6. March 4, 1		-			
(Date first	transacted business in Florida.) (S	EE SECTIONS 60	07.1501, 607.1502 and	817.155, F.S.)	
7 456 North	Kimball Place				<u> </u>
Boise, ID	83704	_			
		nailing address)		<u>, , , , , , , , , , , , , , , , , , , </u>	*
Debt coll	ection agency.	-			
8.				·	
(Purpose	(s) of corporation authorized in hom	ne state or country	to be carried out in sta	te of Florida)	
9. Name and str	reet address of Florida register	red agent: (P.O.	. Box or Mail Drop F	Box NOT acceptable)	
Name:	Corporation Service Com	pany		w e	<b>a</b> n 2 = -
Office Address:	1201 Hays Street		•		t and the second
	Tallahassee		, Florida, 32301 (Zip code)	<u> </u>	- ···
10. Registered	agent's acceptance:				
this application, I is with the provisions	ed as registered agent and to accept thereby accept the appointment as re to of all statutes relative to the proper my position as registered agent.  Corporation Service	gistered agent and rand complete per	d agree to act in this ca rformance of my duties	pacity. I further agree t , and I am familiar with	to comply
	By: Samela La (Registe	kmpsow / Cered agent's signar	authorized Re	presentation	

12. Names and addresses of officers and/or directors: (Street address ONLY - P.Q. Box NOT acceptable)

which it is incorporated.

### A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: See attached officers/directors rider Address: \_\_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Director: \_ B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: See attached officers/directors rider Address: \_\_\_\_\_ Vice President: \_\_\_\_\_ Address: \_\_\_\_ Secretary: \_\_\_\_\_ Address: \_\_\_\_\_ Treasurer: \_\_ Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Derek Mohar, President

(Typed or printed name and capacity of person signing application)

### THE WESTMORELAND AGENCY, INC. OFFICERS/DIRECTORS

Derek C. Mohar Michael T. Shutterly James C. Wilson Kenneth L. Cirillo

Kenneth L. Ciril Lori Baruch

Kenneth L. Cirillo Matthew J. Cooper President
Secretary
Treasurer
Vice President
Assistant Vice President

Director

Director

OBDEC 15 PM 2: 00

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE WESTMORELAND AGENCY, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND I

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS DEFICE SHOW, AS OF THE FOURTEENTH DAY OF A

DECEMBER, A.D. 1999





Edward J. Freel, Secretary of State

AUTHENTICATION:

0139201

DATE:

12-14-99

2773223 8300

991536475