

F/2000005/07

(Requestor's Name)

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TALLAHASSEE, FLORIDA

12/21/12

Greenberg Training
June Vickers
Requester's Name

Address

City/State/Zip

Phone #

(904) 222-6891

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Houlihan Lokey Financial Advisors, Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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pls. call

☒ Certified Copy

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☒ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

need tomorrow
please.
thank you!

Examiner's Initials

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Houlihan Lokey Financial Advisors, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Christopher Crain

Name of Person

Houlihan Lokey Financial Advisors, Inc.

Firm/Company

10250 Constellation Boulevard, 5th Floor

Address

Los Angeles, CA 90067

City/State and Zip code

ccrain@HL.com

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

For further information concerning this matter, please call:

Bonnie Bach

Name of Person

at (310) 712-6593

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Houlihan Lokey Financial Advisors, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California

(State or country under the law of which it is incorporated)

3. 94-3260948

(FEI number, if applicable)

4. 01/07/1997

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 17501 Biscayne Boulevard, Suite 470, Miami, FL 33160

(Principal office address)

10250 Constellation Blvd., 5th Floor, Los Angeles, CA 90067

(Current mailing address)

8. Financial Advisory and Investment Banking Services

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

CT Corporation

Office Address:

1200 South Pine Island Road

Plantation

(City)

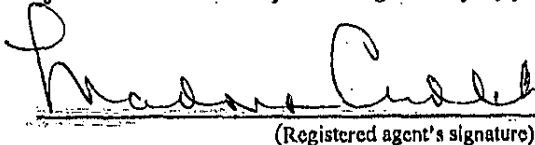
Florida

33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 agent's signature)

Madonna Cuddihy
Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jack Berka

Address: 10250 Constellation Boulevard, 5th Floor
Los Angeles, CA 90067

Vice Chairman: Scott Beiser

Address: 10250 Constellation Boulevard, 5th Floor
Los Angeles, CA 90067

Director: Michael Fazio

Address: 245 Park Avenue, 20th Floor
New York, NY 10167

Director: _____

Address: _____

B. OFFICERS

President: Jack Berka

Address: 10250 Constellation Boulevard, 5th Floor
Los Angeles, CA 90067

Vice-President: CFO: J. Lindsey Alley

Address: 10250 Constellation Boulevard, 5th Floor
Los Angeles, CA 90067

Secretary: Christopher Crain

Address: 10250 Constellation Boulevard, 5th Floor, Los Angeles, CA 90067

Treasurer: Scott Beiser

Address: 10250 Constellation Boulevard, 5th Floor, Los Angeles, CA 90067

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Christopher Crain, Secretary

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

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12 DEC 20 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HOULIHAN LOKEY FINANCIAL ADVISORS, INC.

FILE NUMBER: C1998262
FORMATION DATE: 01/07/1997
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 18, 2012.

Debra Bowen

DEBRA BOWEN
Secretary of State