# M00000001608

(Requestor's Name)				
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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Cadification of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special manufactors to taking officer.				





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JECRITARY OF STATE
THE STATE OF CORPORATION

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## HARRINGTON, HOPPE & MITCHELL, LTD.

ATTORNEYS AT LAW -

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> RETIRED ROBERT A. LENCA

January 5, 2004

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

RE:

HBK Sorce Advisory LLC HBK Sorce Insurance LLC HBK Sorce Financial LLC

Dear Sir/Madam:

For all three of the above referenced entities, I've enclosed the Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida along with certified copies of the Limited Liability Company Certificate of Amendment/Restatement/Correction to the State of Ohio for each company.

Additionally, a check in the amount of \$75.00 for the filing fee for all three entities is enclosed. If you have questions, please contact me at the above number. Thank you for your anticipated cooperation.

Vergitruly yours

ŚHAWNA L. ERB

SLE:dka

**Enclosures** 

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

### SECTION I (1-3 must be completed)

1.	. Name of limited liability company as it appears on the records of the Florida Department				
	of State: HBK Advisory Services LLC				
2.	Jurisdiction of its organization: Ohio  Date authorized to do business in Florida: 08/07/2000				
3.	Date authorized to do business in Florida: 08/07/2000				
	SECTION II (4-7 complete only the applicable changes)  If the amendment changes the name of the limited liability company, when was the				
4.	بب If the amendment changes the name of the limited liability company, when was the				
	change effected under the laws of its jurisdiction of organization? 12/01/03				
5.	New name of the limited liability company:HBK_Sorce_Advisory_LLC				
6.	If the amendment changes the period of duration, indicate new period of duration:				
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:				
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:				
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.  Signature of a member or the authorized representative of a member				
	Phillip L. Wilson				
	Typed or printed name of signee				

Filing Fee: \$25.00

SECRETARY OF STATIONS
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DATE: DOCUI 12/10/2003 200334

DOCUMENT ID 200334401960

DESCRIPTION AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)

FILING 50.00 EXPED .00 PENALTY

CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

HARRINGTON, HOPPE & MITCHELL, LTD. 118 W. LINCOLN WAY LISBON, OH 44432

## STATE OF OHIO

#### Ohio Secretary of State, J. Kenneth Blackwell

1166534

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

#### HBK SORCE ADVISORY LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

200334401960



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of December, A.D. 2003.

1 (lune)

Ohio Secretary of State



# Prescribed by J. Kenneth Blackwell Ext

Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos e-mail: busserv@sos.state.oh.us

<u> </u>	<u> </u>	
Expedit	e this Form: (Select One)	
Mail Fon	n to one of the Following:	
O Yes	PO Box 1390	
	Columbus, OH 43216	
*** R	equires an additional fee of \$100 ***	
® No	PO Box 1028	
9110	Columbus, OH 43216	_

(Date of Organization)  The undersigned authorized representative of HBK Advisory Services LLC 1168534		Amendment / (D	ity Company Certificate Restatement / Correction Comestic or Foreign) Filing Fee \$50.00		193 GEC - 1
Amendment (129-LAM)  Restatement (142-LRA)  June 5, 2000 (Date of Organization)  The undersigned authorized representative of HBK Advisory Services LLC (Name) (Registration Numbiner Interested Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company  Amend Restate Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.  FIRST: The name of said limited liability company shall be:  HBK Sorce Advisory LLC (the name must include the words "limited liability company", "limited", "Ltd", "Ltd", "LtC", or "L.LC.")  SECOND: (OPTIONAL) This limited liability company shall exist for a period of  THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):  (street address)  NOTE: P.O. Box Addresses are NOT acceptable.			In Factor Carlo de Labella Communication		
Restatement (142-LRA)  June 5, 2000 (Home State) (Qualifying in Ohlo on MM/On (Date of Organization)  The undersigned authorized representative of HBK Advisory Services LLC (Name) (Registration Number (Registration Numb				any	2
The undersigned authorized representative of HBK Advisory Services LLC (Registration Numbination (Registration Numbination) (Registration) (Registrati	Res	statement (142-LRA)			ē
The undersigned authorized representative of HBK Advisory Services LLC (Name) (Registration Numbination and Indicate the property of the property of the state of the following:    Amend   Restate   Continued the property of the property of the property of the property of the following:   Amend   Restate   Continued the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.    FIRST: The name of said limited liability company shall be:   HBK Sorce Advisory LLC (the name must include the words "limited liability company", "limited", "Ltd.", "Ltd", "Ltd", "LtC", or "L.L.C.")    SECOND: (OPTIONAL) This limited liability company shall exist for a period of		June 5, 2000	(Home State)	(Qualifying in Ohlo on MM/DD/)	ጥ
The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company		(Date of Organization)			
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SECOND: (OPTIONAL) This limited liability company shall exist for a period of  THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):  [street address]  NOTE: P.O. Box Addresses are NOT acceptable.  [city, township, or village]	IRST: The name of sald limited liability company shall be:  HBK Sorce Advisory LLC				
any bylaws of this limited liability company is (OPTIONAL):  (street address)  NOTE: P.O. Box Addresses are NOT acceptable.  (city, township, or village)  (state)  (zip code)		•			
(city, township, or village) (state) (zip code)				any operating agreement and	
_	-	street address)  NOTE: P.O. Box Addresses are NOT acceptable.		es are NOT acceptable.	
Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.	-	(city, township, or village)	(state) (zip c	ode)	
	Please	check if additional provisions attached hereto are i	incorporated herein and made a part of thes	e articles of organization.	
FOURTH: Purpose (OPTIONAL)	OURTH:	Purpose (OPTIONAL)			
	-				

THE CORPORATION OF CO

Complete the information in this appoint a statutory agent	section if box (2) is checked and the Limited	Liability Company wants to
The limited liability company herei	by appoints the following as its agent upon whom the of Ohio. The name and complete address of the office of the original states of the original states are the original states of the original states of the original states are the original states of the	
(Name)		
(Streat)	NOTE: P.O. Box Addresses are NOT acceptable.	
(City, village or township)	Ohio (State) (Zin	o Code)
authority of the agent continues, a A. the agent cannot b B. the limited liability	ocably consents to service of process on the aget and to service of process upon the OHIO SECRE? I found or, company fails to designate another agent who company's registration to do business in Ohio	FARY OF STATE if:
REQUIRED  Must be authenticated (signed)  by an authorized representative  (See instructions)	Authorized Representative  Phillip L. Wilson (Print Name)	11/17/03 Date
	Authorized Representative	Date
	(Print Name)	
	Authorized Representative	Date
	(Print Name)	

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