M00000001610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400025803854

01/13/04--01007--003 **75.00

LCA 1/14/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 12 PM 4:03

HARRINGTON, HOPPE & MITCHELL, LTD.

ATTORNEYS AT LAW

ELDON S. WRIGHT
JOHN L. POGUE
NED C. GOLD, Jr.
PAUL M. DUTTON
HARRY R. CONN
JAMES L. BLOMSTROM
MICHAEL G. MARANDO
FREDERICK S. COOMBS, III
RALPH A. BEARD
ALAN D. WENGER
WILLIAM L. HAWLEY
THOMAS G. CAREY, Jr.
JOHN T. DELLICK
KEVIN P. MURPHY
KELLY J. MORRISON

118 W. LINCOLN WAY
LISBON, OHIO 44432
www.hhmlaw.com
(330) 424-7626 • FAX (330) 424-3193
Internet E-Mail
Serb@HHMLaw.com

SHIRLEY J. CHRISTIAN
NEIL H. MAXWELL
MARTIN J. BOETCHER
MARK R. FORTUNATO
PATRICK R. WILSON
NEIL D SCHOR
SHAWNA L. ERB
LANCE A. MORRISON
GINA DeGENOVA BRICKER
MICHAEL J. McGEE
JEFFERY D. WILLIAMS
ADAM R. VAN REES

RETIRED
ROBERT A. LENGA

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.

Very truly yours,

SHAWNA L. ERB

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 12 PM 4:03

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 Financial Services LLC
2. Jurisdiction of its organization: Ohio
3. Date authorized to do business in Florida: 08/07/2000

SECTION II (4-7 complete only the applicable changes)

4. 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 Financial 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

FILED
04 JAN 12 PM 4:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Doc ID --> 200334401964

[redacted]

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/10/2003	200334401964	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

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

1151250

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

HBK SORCE FINANCIAL LLC

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

Document(s)	Document No(s):
AMEND/ARTICLES-ORGANIZATION/DOM. LLC	**200334401964**

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.

J. Kenneth Blackwell

Ohio Secretary of State

04 JAN 12 PM 4:03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Doc ID --> 200334401964

Prescribed by J. Kenneth Blackwell
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

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction

(Domestic or Foreign)
Filing Fee $50.00

2003 DEC -1 AM 10:21

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	(2) Foreign Limited Liability Company
☑ Amendment (129-LAM)	☐ Correction (135-LFC)
☐ Restatement (142-LRA)	
February 7, 2000 (Date of Organization)	(Home State) (Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of HBK Financial Services LLC (Name) 1151250 (Registration Number)

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 ☑ Amend ☐ Restate ☐ Correct the following:

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 Financial LLC
(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd", "LLC", or "L.L.C.")

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) (state) (zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 12 PM 4:03

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

_____
(Name)

_____
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ Ohio _____
(City, village or township) *(State)* *(Zip Code)*

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,
B. the limited liability company fails to designate another agent when required to do so, or,
C. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

[signature] Authorized Representative — 11/17/03 Date

Phillip L. Wilson
(Print Name)

_____ Authorized Representative — _____ Date

_____
(Print Name)

_____ Authorized Representative — _____ Date

_____
(Print Name)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 12 PM 4:03