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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 JAN -7 PH 4: 03

J. BRYAN
W07-1259758-2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Wealth Advisory (Name of Limit	Associates LLC ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this ma	atter to the following:
P. Christon	her Music ne of Person)
(Nar	ne of Person)
Wealth Adv	Misory Associates m/Company) Hamaisun Svite 103 (Address)
(Fift	n/Company)
1465 S. For	Humaisun Svite 103 2 39 (Address)
	Address) : To
Clegawater.	FL 33756
(City/Sta	te and Zip Code)
For further information concerning this matter, plea	ase call:
P. Christopher Music	at (727) 588-1546 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\forall \forall \forall 125.00 \text{ Filing Fee} \text{\$\subset \forall 130.00 \text{ Filing Fee & Certificate of }}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2007

P. CHRISTOPHER MUSIC 1465 S FORT HARRISON CLEARWATER, FL 33756

SUBJECT: WEALTH ADVISORY ASSOCIATES LLC

Ref. Number: W07000062312



We have received your document for WEALTH ADVISORY ASSOCIATES.LLC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

We are enclosing the proper form(s) with instructions for your convenience.

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Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 107A00071928

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

MITED LIABILITY COMPANY TO TRANSACT BUSI		FOREIGN
Wealth Advisory Associ	iny; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(Name of Foreign Limited Diaonity Compan	iny; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
name unavailable, enter alternate name adopted	for the purpose of transacting business in Florida and attach a copy of the	— he written
sent of the managers or managing members ado npany," "L.L.C.," "LLC.")	opting the alternate name. The alternate name must include "Limited Lial	bility
Wyomina	3 38-377-0974	
ompany is organized)	ited liability 3. (FEI number, if applicable)	-02 m
November 1 2007	5. Per petvol (Duration: Year limited liability company will cease it exist or "perpetual")	Sign
(Date of Organization)	(Duration: Year limited liability company will cease to	न क्ष
	onition perpendial)	1 0 CORR
(Date first transacted by	business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability)	
1465 South Foot Harriso		.03
	50, 20, 20, 30	_
Cleanuntee, FL 33756	treet Address of Principal Office)	_
	_	
If limited liability company is a manage	er-managed company, check here	
The name and usual business addresses	of the managing members or managers are as follows:	
1. Meistopher Missic	Denir FC 33756	
1734 Eagles Nest Drive Be	Clear FC 33756	_
		_
Attached is an original certificate of existence, no n	more than 90 days old, duly authenticated by the official having custody of re	ecords in
insdiction under the law of which it is organized. Lation of the certificate under oath of the translator	. (A photocopy is not acceptable. If the certificate is in a foreign language, a remust be submitted.)	
·	Ď. 4	
Nature of business or purposes to be co	onducted or promoted in Florida: Delivery of	_
Francial Dhanning and Invest	tment advisory services.	
1/4 1/1	Wm-	 '
Signature of a member	per or an authorized representative of a member.	
(In accordance with section	n 608.408(3), F.S., the execution of this document constitutes	
() ()	enalties of perjury that the facts stated herein are true.)	
	15topher Muric	
· I ypea	d or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Wealth Advisory Associates LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
The name and the Florida street address of the registered agent and office are:	DIVISION OF THE BOAN OF THE BO
P. Christophen Music	1 63
(Name) 1739 Eagles West Drive	PH 4: 03
Florida Street Address (P.O. Box NOT ACCEPTABLE)	3 5
Cleaninter FL 33756 City/State/Zip	,

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Wealth Advisory Associates LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 1, 2007**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2007-000545497**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of December, 2007 at 12:16 PM. This certificate is assigned 002166114.



May Malfe Secretary of State

FILED
SECRETARY OF STATE
BIVISION OF CORPORATIONS

08 JAN - 7 PM 4: 04

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.