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Andersen Wealth Advisors LLC

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EXAMINER

12/16/2009

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WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing		
Members of Andersen Capital Management LLC		
(Name of Limited Liability Company)		
a limited liability company duly organized and existing under the laws of		
Delaware		
(State or Country of Organization)		
Because the name of this foreign limited liability company does not satisfy the		
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the		
following name to transact business in the state of Florida:		
Andersen Wealth Advisors LLC		_
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company. L.L.C., or L.L.C.)	09	SEVIC
Date: December 11, 2009.	030	로움
Signature(s) of Manager(s) and/or Managing Member(s):	5	유지
Millian R. Christian	3	40 X
William Andersen,	о . 5	
Managing Member	T.,	N ISI
•		

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

IN COMPLIANCE WITH SECTION BUSSOS, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	S. THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIG STATE OF FLORIDA:
Andersen Capital Management LLC	
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C., "or "LLC.")
Andersen Wealth Advisors LLC	
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "L.L.C.,"	e of transacting business in Florida and attach a copy of the writter nate name. The alternate name must include "Limited Liability
2 Delaware	34-2017525
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. September 16, 2004 5.	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpenual")
6. None	
(Date first transacted business in Flor (See sections 608.50) & 608.502 F.S. i	ida, if prior to registration.) to determine penalty liability)
7. 273 Market Square, Lake Forest, IL 6004.	5
(Street Address o	(Principal Office)
8. If limited liability company is a manager-managed of	company, check here
9. The name and usual business addresses of the mana	ging members or managers are as follows:
William Andersen, Managing Member	
273 Market Square, Lake Forest, IL 60045	
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translation must be submit	
11. Nature of business or purposes to be conducted or j	promoted in Florida:
Investment advisory services.	
William R. Chy	desar
	norized representative of a member.
(In accordance with section 608,408(3), F.S an affirmation under the penalties of perjury	, the execution of this document constitutes y that the facts stated beroin are true.)
William Ai	

Typed or printed name of signee

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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 C	Company is:		
Anderse	n Capital Managemen	n LLC	· · · · · · · · · · · · · · · · · · ·	
If name unav	uilable, the alternate name	e to be used in	the state of Florida is:	
Anderse	m Wealth Advisors Ll	LC		**************************************
2. The name	and the Florida street add	iress of the reg	istered agent and office are	::
	Business Filings In	ecorporat	ed	
		(Name	e)	
	1203 Governors Sc			
	Florida Stro	et Address (P.O. l	BOX NOT ACCEPTABLE)	
	Taliahassee		FL 32301-2960	
		City/S	cate/Zip	
liability comp agent and agr relating to the obligations of	any at the place designates ree to act in this capacity. s proper and complete perf my position as registered filings incorport	d in this certific I further agree formance of my agent as provid	service of process for the aboute, I hereby accept the apple to comply with the provision duties, and I am familiar while for in Chapter 608, Flor	pointment as registere his of all statutes ith and accept the
•	\$ 2	5.00 Designs	Fee for Application ation of Registered Agent ed Copy (optional)	

\$ 5.90 Certificate of Status (optional)

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANDERSEN CAPITAL MANAGEMENT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANDERSEN CAPITAL MANAGEMENT LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HERBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

091079928

AUTHENT

DATE: 12-08-09