# M12000002415

(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:	
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B. BOSTICK
MAY - 2 2012
EXAMINER



ACCOUNT	NO.	•	120000000195
TOCOULT	110.	•	120000001

REFERENCE

1000 A 100101

AUTHORIZATION

COST LIMIT : \$ 130.00

ORDER DATE : May 1, 2012

ORDER TIME : 2:09 PM

ORDER NO. : 188240-005

CUSTOMER NO: 4321919

#### FOREIGN FILINGS

NAME:

WARREN AVERETT ASSET

MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corpora						
SUBJECT; Warren A		anagement, LLC				
	Name (	of Limited Liability Compan	у			
The enclosed "Application by Existence, and check are subs	Foreign Limited Liability mitted to register the above	y Company for Authorizatio e referenced foreign limited	n to Transact Business in Florid liability company to transact bu	da," Cer usiness i	tificate in Flori	of ida
Please return all corresponder	nce concerning this matter	to the following:				
Michael 1	Thomason					
***************************************		Name of Person	<u> </u>	_		
Bradley A	Arant Boult Cummin	gs,LLP				
<del></del> .	,	Firm/Company		_		
1819 Fiff	th Avenue North					
<del> </del>	— · · · · · · · · · · · · · · · · · · ·	Address				
Birmingh	am, Alabama 3520	03				
	, С	City/State and Zip Code		_,		
mthoma	son@babc.com			,		
<u> </u>	E-mail address: (to be	e used for future annual repo	rt notification),	<u></u> -		
For further information conce	rning this matter, please ca	ail:	<b>7</b>	35C	12 HAY	
Michael Thom	nason	<sub>at:(</sub> 205 ) 5	<b>521-8921</b>		<	
	me of Person	Area Code & Daytime Tele		7	· · · ·	ўг. ж. В
MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions Di Re Cl 4 26	FREET ADDRESS: ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301	f I	OF STATE	AH 11: 29	Services
Enclosed is a check for the \$125.00 Filing Fee	ne following amount:  \$\int \frac{1}{3} \frac{1}{3} \text{0.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certified Cop.			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1 Warren Averett Asset Management, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "LLC.").
(Name of Foreign Entitled Clabinty Company, must include Entitled Clabinty Company, Company, or CEC.)
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")
2. Alabama 3. 63-1229657
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
4. July 1, 1999 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
, , ,
6. (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7 2500 Acton Road
Birmingham, Alabama 35243
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Warren Averett Companies, LLC
Transfer Companies, 220
2500 Acton Road
Dimeirale and Alabama 20042
Birmingham, Alabama 35243
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Any and all lawful
business for which a limited/liability company may conduct in Florida.
10 10 1
Cheel Man
Signature of a member or an authorized corresentative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)
Hon How X
Typed 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 Col	mpany is:		
Warren Averett Asset Mana	gement, LLC		_ ·
If unavailable, the alternate to be used in	the state of Florida is:		
2. The name and the Florida street addre	ss of the registered agent and office are:		<b>-</b> :
J. Mort O'Sullivan III	(Name)	- ∑s -	<b>.</b>
	(Name)	ALLEGE SECTION OF THE	, =
316 SOUTH BAYLE	EN STREET, SUITE 300		, b;
Florida Street Address (P.O. Box NOT ACCEPTABLE)		Co.	- }
Pensacola	FL 32502 City/State/Zip	RE STATI	
		EE U	٥

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.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Warren Averett Asset Management, LLC was formed in Jefferson County, Alabama on July 1, 1999. The Alabama Entity Identification number for this entity is 665-088. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

5/1/2012

Date

Beth Chapman

Beth Chapman

Secretary of State