

M17000007842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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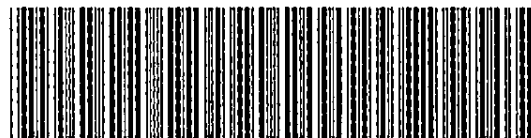
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLAS COUNTY, TEXAS

K. SALY
SEP 15 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.J.B. Hilliard, W.L. Lyons, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Joel Coogle

Name of Person

J.J.B. Hilliard, W.L. Lyons, LLC

Firm/Company

500 W Jefferson St, Ste 700

Address

Louisville, KY 40202

City/State and Zip Code

jcogle@hilliard.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Coogle

502

588-4186

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. J.J.B. Hilliard, W.L. Lyons, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kentucky
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-2333067
(FEI number, if applicable)

4. 02/15/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S., to determine penalty liability)

5. 500 W Jefferson St
(Street Address of Principal Office)
Suite 700
Louisville, KY 40202

6. 500 W Jefferson St
(Mailing Address)
Suite 700
Louisville, KY 40202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Michele Henry
(Registered agent's signature)

Michele Henry
Assistant VP

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Attached

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Charles M Grimley
Signature of an authorized person

Charles M Grimley

Typed or printed name of signer

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JAMES L. HART

**J.J.B. HILLIARD, W.L. LYONS, LLC
MANAGERS**

FEIN: 26-2333067

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TALLAHASSEE, FLORIDA

MANAGERS:

James R. Allen	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	Chairman & CEO Manager
Thomas B. Kessinger	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	President Manager
Carmella R. Miller	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	Executive VP & CAO Manager
Charles M. Grimley	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	Executive VP & CFO Treasurer
Jaleigh White	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	Executive VP Wealth Strategies
John R. Bugh	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	Executive VP Consulting Services

OFFICERS:

Gary W. England	500 West Jefferson Street, Louisville, KY 40202 Phone: 502.588.8400	Executive VP Secretary
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Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 192905

Visit <https://app.sos.ky.gov/fts/show/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

J. J. B. HILLIARD, W. L. LYONS, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 30, 1984 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of August, 2017, in the 226th year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
192905/0196018