

M24000003138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

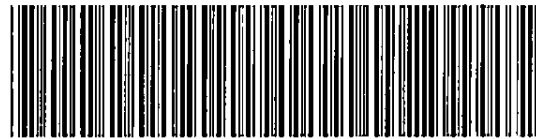
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TALLAHASSEE, FLORIDA

2024 MAR 12 PM 2:48

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MAR 12 2024

K. Brumbley

Handwritten signature

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 3/12/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1235630

**ORDER ENTITY**  
HHM WEALTH ADVISORS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

HHM WEALTH ADVISORS, LLC (FL)

File the attached foreign qualification document

**NOTES:**

\$125.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

HHM WEALTH ADVISORS, 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:

Beverly S. Edge

Name of Person

HHM Wealth Advisors, LLC

Firm/Company

1200 Market Street

**Address**

Chattanooga, Tennessee 37402

City/State and Zip Code

bedge@hhmcpas.com

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

For further information concerning this matter, please call:

Beverly S. Edge

423

304-3869

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. H H M WEALTH ADVISORS 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.")

Tennessee

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

3. \_\_\_\_\_  
(FBI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1200 Market Street  
(Street Address of Principal Office)

6. 1200 Market Street  
(Mailing Address)

Chattanooga, TN 37402

Chattanooga, TN 37402

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

Name: Paula Mashburn

Office Address: 3250 W Navy Blvd

Pensacola, Florida 32505  
(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.

Paula Mashburn  
(Registered agent's signature)

2024 MAR 12 PM 7:15

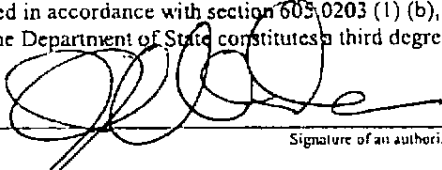
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Travis A. Hutchinson	<input type="checkbox"/> Manager	Name: Beverly S. Edge
<input checked="" type="checkbox"/> Member	Address: 1200 Market Street	<input type="checkbox"/> Member	Address: 1200 Market Street
<input type="checkbox"/> Authorized	Chattanooga, TN 37402	<input checked="" type="checkbox"/> Authorized	Chattanooga, TN 37402
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Jones Krogh	<input type="checkbox"/> Manager	Name: James D. Hutcherson
<input checked="" type="checkbox"/> Member	Address: 1200 Market Street	<input checked="" type="checkbox"/> Member	Address: CPAGroup, LLC
<input type="checkbox"/> Authorized	Chattanooga, TN 37402	<input type="checkbox"/> Authorized	1200 Market Street
Person		Person	Chattanooga, TN 37402
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
 Signature of an authorized person  
 James D. Hutcherson  
 Typed or printed name of signee



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**BEVERLY S EDGE**  
BEVERLY S EDGE  
1200 MARKET ST  
CHATTANOOGA, TN 37402

March 8, 2024

**Request Type: Certificate of Existence/Authorization**  
Request #: 0572419

Issuance Date: 03/08/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 008744600

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3869176598

\$20.00

**Regarding: H H M WEALTH ADVISORS LLC**  
Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 06/25/1999  
Status: Active  
Duration Term: Perpetual  
Business County: HAMILTON COUNTY

Control #: 373093  
Date Formed: 06/25/1999  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**H H M WEALTH ADVISORS LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 066158225