M98000001332

CT Corporation Sys	stem			-
Requestor's Name 660 East J efferson	n Street			98
Address Tallahassee, FL 3	2310 222-1092		•	SEGRETARY OF ST. VISION OF CORPOR
City State Zip	Phone			3 P
CORPOR	RATION(S) NAME			
H.D. Vest Insura	ince Agency, L	,L.C. 8	00002687 -11/13/98- ****285.00	<u>-01064-</u> -035
() Profit () NonProfit	() Amendm	nent	() Merger	
() Foreign	() Dissolution	on/Withdrawal	Limited :	Liability Company
() Limited Partnership () Reinstatement ()Fictitious Name		istration nancing State	() Other () Change (ment() UCC-3 Fi () CUS	of R.A.
() Certified Copy	() Photo Co			<u> </u>
() Call When Ready (x) Walk In () Mail Out	X(X) Call if Pr () Will Wait		() After 4:30 (x) Pick Up	FILED FILED OF CORP 13 PM
Name Availability Document Examiner	Please Return Extra File Stamped.	a Copies	11/13	STATE STATE ORATIONS IN IT. 102 95 MBy I
Updater Verifier Acknowledgment	Hope	MK	2006cm	
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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

			9
D. Vest Insurance Age	ncy, L.C.		
ne of foreign limited liability "if not so contained in the na	company must end ame at present.)	with the words "limited company"	or their abbreviation
as		. Applied for	
risdiction under the law of what appany is organized)	ich foreign limited	liability (FEI number, if ap	plicable)
ne 27, 1997		Perpetual	-
(Date of Organization	on)	(Duration: Year limited liability cease to exist or "perpetual")	
pon Qualification	d business in Floric	la. (See sections 608.501, 608.502	and 817.155, F.S.)
(Date inst transacte	u ousmoss m i ioik	id. (1500 500 HOLDS 000.501, 000.502	and 017.100,11.0.)
333 N. State Hwy 161, 1	Fourth Fl., Ir	ving, Texas 75038	
	(Street add	lress of principal office)	
	,	lress of principal office)	D (OD)
st name, title, and business Il manage the foreign limit	address of each	lress of principal office) managing member [MGRM] o pany in Florida: (attach additio	r manager [MGR] wonal page if necessar
st name, title, and business Il manage the foreign limit	address of each	managing member [MGRM] o	r manager [MGR] wonal page if necessar
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9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A hotocopy is not acceptable. If the certificate is in a foreign

language, a translation of the certificate under oath of the translator must be submitted.)

(FL057 - 4/23/98)

Addendum

1. Name:

Herb D. Vest

Title:

Mgr.

c.

6333 N. State Hwy 161, Fourth Fl., Irving , Texas 75038

DIVISION DE CORPORATIONS
DIVISION 13 PM 1: 02

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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED.
AGENT, IN THE STATE OF FLORIDA.
AGENT, IN THE STATE OF FLORIDA.
66 Sec.
98 MOV
P The second
1. The name of the limited liability company is: H. D. Vest Insurance Agency,
1. The name of the limited liability company is: H. D. Vest Insurance Agency,
a miles and the second
2. The name and address of the registered agent and office is:
C T CORPORATION SYSTEM
(Name)
, ,
c/o C T CORPORATION, 1200 South Pine Island Road,
(P.O. Box not acceptable)
Plantation. Florida 33324

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.

(City/State/Zip)

C T CORPORATION SYSTEM

Randy A. Shelley, Sped, Asst. Secy, (Date)

FILINGFEE: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of H. D. Ves	st Insurance 700
Agency, L.L.C. certifies:	2 97
1) the above named limited liability company has at least two members;	13 PM 1: 02
2) the total amount of cash contributed by the member(s) is	\$ <u>1000</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u> </u>
 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.) 	\$ 1000
Hy V. Co	
Signature of a member or authorized representative of a me (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the fact stated herein are true.)	3
Herb D. Vest	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit



IT IS HEREBY CERTIFIED that Articles of Organization of

H. D. VEST INSURANCE AGENCY, L.L.C. File No. 7041974-22

were filed in this office and a certificate of organization was issued to this limited liability company, and no certificate of dissolution is in effect and the company is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on October 14, 1998.

'f Amyler

Alberto R. Gonzales Secretary of State PH