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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 966856 7369155

AUTHORIZATION

COST LIMIT : 75.70.00

ORDER DATE : August 17, 2021

ORDER TIME : 2:13 PM

ORDER NO. : 966856-005

CUSTOMER NO: 7369155

FOREIGN FILINGS

NAME: HYPERION, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Hyperion, Inc.			
00.00		e of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif		te of Good Star	Authorization to Transact Business in Florida, ding" and check are submitted to register the ss in Florida.	
Please	return all correspondence concer	ning this matter	to the following:	
Aaron	Hill			
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	
Sheppa	ard Mullin			
	H *	Firm/Con	pany	
2099 P	ennsylvania Ave., NW 100			
		Addr	288	
Washii	ngton, DC 20006			
		City/State a	nd Zip code	··
eschiff	@sheppardmullin.com			
	E-mail addre	ess: (to be used t	or future annual report notification)	
For fur	ther information concerning this	matter, please o	all:	
Aaron	Hill	_ at (747-2337	
	Name of Person	Area Cod	e Daytime Telephone Number	
	STREET/COURIER ADDRE Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	
Please 1	ed is a check for the following armake check payable to: FLORIDA .00 Filing Fee	DEPARTMENT ing Fee &	**COF STATE 3 \$78.75 Filing Fee & S87.50 Filing Fee Certified Copy Certified Copy Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l Hyperion, Inc.		GOAD ON THE CORPORATION "	
(Enter name of co "Inc" "Co" "Co	orporation; must include "INCORPORATED," orp." "Inc.," "Co." or "Corp.")	"COMPANY," "CORPORATION.	
Hyperion Engine	eering Services, Inc.		<u></u>
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Flor	ida)
y Virginia	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4 8/2/1989	5	perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
upon acceptance	of filing		
J	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
7 11480 Commerce	Park Dr., Suite 120, Reston, VA 20191		
, ·	(Principal offic	e <u>street</u> address)	
same as above			
	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	7}7 - A
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	Florida 32301	=
	(City)	(Zip code)	
designated in this further agree to c and I am familiar	ed as registered agent and to accept service application. I hereby accept the appointm	e of process for the above stated corporation at ent as registered agent and agree to act in this o lative to the proper and complete performance i ition as registered agent.	capacity. I

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

A. DIRECTORS Paul Milo, Jr. Name: ___ □ Chairman □ Chairman Name: 11480 Commerce Park Dr. □ Vice Chairman Address: □ Vice Chairman Address: _____ Suite 120 ■ Director □ Director Reston, VA 20191 m President □President □ Vice President □ Vice President ■ Secretary ■ Treasurer ☐ Secretary ☐Treasurer □ Other _____ Other____ □Other ____ □Other _____ □ Chairman Name: _____ □ Chairman Name: ____ □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □ Director □President □President □ Vice President _____ ☐ Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □Other ____ □Other _____ □Other _____ □ Other ... □ Chairman Name: _____ □Chairman Name: □ Vice Chairman Address: _____ □Vice Chairman Address: □ Director □Director □President □President □Vice President ___ □Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other_____ □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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms that the facts stated herein are true and that he or she is aware that 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.

Paul Milo, Jr., Director, President, Secretary and Treasurer

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That HYPERION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on August 2, 1989;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 18, 2021

Bernard J. Logan, Clerk of the Commission