F330000543

	(Requestor's Name)	
	(Address)	
	(Address)	
 -	(City/State/Zip/Phone #)	
PICK-U	P WAIT MA	λIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer:	
	Office Use Only	



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T. 1 TUX SEP 2 7 2023

COVER LETTER

_	tration Section ion of Corporations		
SUBJECT:	Helios CR, Inc. a Delaware L	imited Liability	Сотрапу
	Name o	of corporation	- must include suffix
Dear Sir or M	adam:		
"Certificate o		of Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please return	all correspondence concerni	ng this matter	to the following:
Dana Duvak			
		Name of I	Person
Helios CR, Inc	:		
		Firm/Com	pany
1307 8th Aven	ue, Suite 201		
		Addre	ss
Fort Worth, TX	C 76104		
	<u> </u>	City/State ar	nd Zip code
dana.duvak@h	eliosclinical.com		
	E-mail address	(to be used f	or future annual report notification)
For further int	formation concerning this ma	atter, please c	all:
Dana Duvak		817 at (716-9839
Name	e of Person	Area Code	Daytime Telephone Number
Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	check for the following amo eck payable to: FLORIDA DE ng Fee Tole 1 \$78.75 Filing Certificate o	PARTMENT Bee &	OF STATE \$78.75 Filing Fee & Sertificate of Status Certified Copy Certified Copy



August 11, 2023

DANA DUVAK 1307 8 AVE STE 201 FT WORTH, TX 76104

SUBJECT: HELIOS CR, INC Ref. Number: W23000086038

We have received your document for HELIOS CR, INC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

In the state of Florida you can not have (LLC LIMITED LIABILITY COMPANY) on a Corporation. The Foreign Corp name on the document and the name on the GOOD STANDING CERTIFICATE must be the same. Make sure when you do send in the GOOD STANDING CERTIFICATE that you take the a Delaware Limited Liability Company off of the Corporation name.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED
SEP 2 6 Local

Letter Number: 823A00013892

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.

Helios Clinical			
(If name unavail	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting bu	siness in Florida)
Obligation (State or country under the law of which it is incorporated) 3. 8		8-1159236	
(State or countr 12/7/2021	y under the law of which it is incorporated) 5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
10/21/2022			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150		
1307 8th Avenue	Suite 201, Fort Worth, TX 76104		
-	(Principal office	street address)	
	(Current mailing	address, if different)	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
	Helios Clinical Research	•	2
Name:	(0) 5 . 0 . 5		, 6627
Office Address:	601 East Oak Street, Suite A		•
	Kissimmee	. Florida 34744	
	(City)	, Florida 34744(Zip code)	
Registered age	ent's acceptance:		بتب
wing been nam signated in this other agree to co	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes relewith and accept the obligations of my positions.	nt as registered agent and agree to ative to the proper and complete pe	act in this capaci
	— DocuStaned by:		
	EB Melindon		

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)

DocuSign Envelopé ID: 56B98E15-9A4A-4635-B064-03E4469F90F0

A. DIRECTORS Amy Amold Natalie Gassen □Chairman □ Chairman 26 Stonecreek Circle 1307 8th Avenue Address: □Vice Chairman □ Vice Chairman Address: Suite A Suite 201 □ Director □ Director Jackson, TN 38305 Fort Worth, TX 76104 □President □ President ■ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer COO/CFO □Other □Other _____ □Other Name: _ EB McLindon Name: ____ ☐ Chairman □Chairman Address: ____ 1307 8th Avenue ☐ Vice Chairman Address: □ Vice Chairman Suite 201 Suite 201 □ Director ■ Director Fort Worth, TX 76104 Fort Worth, TX 76104 □President □President □Vice President ____ □Vice President □ Secretary Treasurer □ Secretary □Treasurer **■**Other □Other □Other _____ □Other Sara Albert □ Chairman Name: _____ □Chairman 601 East Oak St □Vice Chairman Address: ☐ Vice Chairman Address: Suite A □ Director □ Director Kissimmee, FL 34744 □President □President □Vice President _____ □ Vice President □ Secretary ☐Treasurer ☐ Secretary ☐Treasurer Manager 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. EB Melindon 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

(Typed or printed name and capacity of person signing application)

s.817.155, F.S.

13.

EB McLindon

CEO

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HELIOS CR, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HELIOS CR, INC."

WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2021.

Authentication: 204185165

Date: 09-18-23