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01/04/2023

NAME:

THE HENSON GROUP, INC.

TYPE OF FILING: APPLICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT:	Henson Grou	p, Inc.			
0020			Name of	corporation	- must include suffix	-
Dear S	ir or M	adam:				
"Certif	icate of	Existence,"		Good Stand	Authorization to Transact Business in Florida," ding" and check are submitted to register the is in Florida.	
Please	return a	ill correspon	dence concerning	this matter	to the following:	
Hayder	R. Bra	nard, Jr.				
				Name of F	Person	•
Miller !	Mayer, I	LLP				
	_	·	· · · · · · · · · · · · · · · · · · ·	Firm/Com	pany	-
215 Eas	st State	Street, Suite 2	00			
				Addre	SS	-
lthaca,	NY 148	50				
-		_	(	City/State ar	nd Zip code	-
hrb@m	illerma	er.com				
			E-mail address: (	to be used fo	or future annual report notification)	-
For fur	ther inf	ormation cor	cerning this man	ter, please ca	all:	
Hayden	R. Bra	nard, Jr.	at	607	273-4200 Ext. 356	
	Name	of Person		Area Code	Daytime Telephone Number	
	Regist Divisi The C 2415 i	ration Section on of Corpor entre of Talla	ations thassec rect, Suite 810		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	nake chi	ck payable to	following amour FLORIDA DEP. \$78.75 Filing F Certificate of S	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status 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.

	in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Flo	rida)
vare	3.		
		(FEI number, if applicable)	
1, 2023	5	(Date of duration, if other than perpetual)	
(Date of	ncorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
rickell Ave., S	uite 900, Miami, FL 33131		
	(Principal office	ce <u>street</u> address)	
		_	~>
•	(Current mailing	g address, if different)	174
		E C	ر ب
and street a	Idress of Florida registered agent: (P.O.	. Box NOT acceptable)	_
Name:	Gregory S. Henson, II	SET	
ddress:	9707 Turnberry Way, Suite TS2		٤. إ او
-	ventura	Florida 33180	2024 JAN 19 10 10 10 10 10 10 10 10 10 10 10 10 10
_	(City)	(Zip code)	ž'
Name: _	Gregory S. Henson, II  9707 Turnberry Way, Suite TS2  ventura  (City)  s acceptance:		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			D 115		
Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Suite TS2	Director	#1107		
□President	Aventura, FL 33180	President	Dalias, TX 75201		
■Vice President		□Vice President			
Secretary	☐ Treasurer	Secretary	Treasurer		
Other	□Other	■Other	Other		
	Hayden R. Brainard, Jr.	□Chairman	David Willis		
□ Chairman			6736 Lake Washington Blvd. NE		
□Vice Chairman	Address: 215 East State Street Suite 200	□Vice Chairman	Unit 3		
□Director		Director	Kirkland, WA 98033		
☐ President	Ithaca, NY 14850	□President	Kirkland, WA 70033		
□Vice President		□Vice President			
Secretary	Treasurer	Secretary	Treasurer		
Other	Other	□Other	Other		
□ Chai <del>rman</del>	Name:	□ Chairman	Name:		
			Address:		
_	Address:		Address:		
□Director		□Director	S		
□President		President	SE S		
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasur 5 7.1. N		
□Other	Other	Other	Other		
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Fiorida Departme	nt of State Annual Re	ed for reporting purposes only. Non-indexed eport form.		
Signature of Director or Officer					
The officer or director signing this document (and who is listed in number 11 above) affirms 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.  Gregory S. Henson, H. Director					

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HENSON GROUP, 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 FOURTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENSON GROUP,

INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202524726

Date: 01-04-24

7597830 8300 SR# 20240032282