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SECRETARY OF STATE HE DIVISION OF CORPORATIONS

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Three Horizon Advisors, Inc.			
oobobe	Name o	f corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate ced foreign corporation to tra	of Good Standi	ng" and check are sub	
Please return	all correspondence concernit	ng this matter to	the following:	
Carol Kregel				
-		Name of Pe	rson	
Kelleher Holla	nd LLC			
		Firm/Compa	nny	
102 S. Wynsto	ne Park Drive			
		Address	3	
North Barringt	on, IL 60010			
	,	City/State and	Zip code	
CKREGEL@I	CELLEHERHOLLAND.COM			
	E-mail address:	(to be used for	future annual report n	otification)
For further in	formation concerning this ma	atter, please cal	l :	
Carol Kregel		at (<u>84</u> 7	713-1355	
Nam	e of Person	Area Code	Daytime Telepl	hone Number
Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	check for the following amoreck payable to: FLORIDA DE ing Fee	PARTMENT C g Fee & :	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. 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.

Three Horizon	Advisors, Inc.		
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)	
Illinois		82-4111864	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 enue, Fernandina Beach, FL 32034	n Florida, if prior to registration) 602, F.S., to determine penalty liability)	
same		ce <u>street</u> address)	
	(Current mailin	g address, if different) 2. Box NOT acceptable)	
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	Andrew J. Kelleher		
Office Address:	1100 5th Avenue South, Suite 410		
	Naples	Florida 34102	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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.

A. DIRECTORS Srinivasaraghavan Seshadri Rashmi Seshadri □ Chairman Name: ☐ Chairman Name: 528B Tarpon Avenue 528B Tarpon Avenue ☐ Vice Chairman Address: □Vice Chairman Address: Fernandina Beach, FL 32034 Fernandina Beach, FL 32034 Director ■ Director President □President □ Vice President ______ □ Vice President ☐ Secretary ■ Treasurer □Treasurer **■** Secretary □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 _ 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) 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.

Srinivasaraghavan Seshadri, President

File Number

7163-781-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

THREE HORIZON ADVISORS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 23, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of JULY A.D. 2024 .

Authentication #: 2419700814 verifiable until 07/15/2025

Authenticate at: https://www.ilsos.gov

Alexi Giannol

SECRETARY OF STATE