12/3/24, 9:29 AM

Division of Corporations



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			address											
a	nnual	report	. mailin	gs.	Enter	only o	ne	email	add	res:	s ple	ase.	** ::	-; ; ;

e.behrens@heliongrp.com

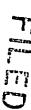
FOREIGN PROFIT/NONPROFIT CORPORATION Helion Group, Inc.

Certificate of Status	0
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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.

Hellon Group, Inc						
	poration; must include "INCORPORATED," "(rp," "Inc," "Co," or "Corp.")	COMPAN	Y," "CORPORATION,"			
(If name mayalla)	olo in Florida, onter alternate corporate name ado	pled for th	s purpose of transacting b	nalness in Florida)		
Tennessee	3.					
05/22/2018	under the law of which it is incorporated)	(PEI number, if applicable) Perpetual (Date of duration, if other than perpetual)				
(Date	of incorporation)					
IOLI ECTIVANII	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			· · · ·		
1211 2/1H AYB	N, STE 1					
	(Principal office	<u>etrest</u> addi	cka)			
NASHVILLE, TI	V 37209-1596 (Chirant walling a	ddress, if c	lifferent)			
nashvilæ, tr	(Christian office (Christian walling a t address of Plorida registered agent: (P.O. 1 C T Corporation System	ddress, if c	lifferent)			
NASHVILLE, TO Name and stree Name:	(Principal diffeet V 37209-1596 (Chircent mailing a chiracter of Plorida registered agent; (P.O. 1	ddress, if c	lifferent)	· · · · · · · · · · · · · · · · · · ·		
NASHVILLE, TO Name and stree Name:	(Christian office (Christian walling a t address of Plorida registered agent: (P.O. 1 C T Corporation System	ddress, if c	lifferent) acceptable)			
NASHVILLE, TO Name and stree Name:	t address of Plorida registered agent: (P.O. l C T Corporation System	ddress, if a	lifferent) _acceptable)			
NASHVII.B, TO Name and stree Name: office Address: Registered age taving been name esignated in this surther agree to co	(Principal diffee (Current waiting a t address of Plorida registered agent; (P.O. 1 C T Corporation System 1200 South Pine Island Road Plantation	ddress, if o	acceptable) 33324 (Zip code) s for the above stated costered agent and agree a proper and complete	to act in this capac		
NASHVII.LB, TO Name and stree Name: ffice Address: Registered age Inving been name esignated in this surther agree to co	(Charent mailing a t address of Plorida registered agent: (P.O. 1 C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointma omply with the provisions of all statutes rele with and accept the ubligations of my posit	of process that is regularly as	lifferent) acceptable) (Zip code) as for the above stated costered agent and agree a proper and complete gistered agent.	to act in this capac		
NASHVILLE, TO Name and stree Name: office Address: Registered age Having been name lesignated in this surther agree to cound I am familiar	(Chacent melling a t address of Plorida registered agent: (P.O. 1 C T Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointma omply with the provisions of all statutes rela- with and accept the ubligations of my posts	of process that is regularly as	lifferent) acceptable) (Zip code) as for the above stated costered agent and agree a proper and complete gistered agent.	to act in this capac		

under the law of which it is incorporated.

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

To:

A. DIRECTORS	_		,					
El Chairman	Name: Branden Friguen	□ Chairman	Name: Masty Mihoci					
□Vice Chairman	Address: 1211 S7th AVL	□Vice Chairman	Address: DU 57th Ave					
Director	N Stel Namme	Director	N Site 1 Namine					
Arcesident	TN 37209	□President	In 37,909					
□ Vice President		□Vice President						
[]Secretary	☐Treasurer	☐ Secretary	O'Trensurer					
Other		Other						
LiChairman	Name: En Berns	∐Chairman	Name:					
□Vice Chairman	Address: 121 57	□Vice Chaicman	Addiscuss:					
Director	AYLN STLI	Director						
□President	Nashrill TN	LlPresident						
□Vice President	37209	OVice President						
□Secretary	[]Treasurer	□Зсолоциту	[] Tressuror					
ClOther	Other	ClOther						
□Chainnan	Name: Joseph ware	Chaliman	Name:					
{∐Vice Chairmat	1 Address: 1211 5 7++-	□Vice Chairman	Address:					
Director	AN N STCI	Director						
OPresident	Pagnic TN 37209	□President						
□Vice President		Divice President						
□Secretary	[]Trensurer	☐ Secretary	C Treasurer					
Mother	ED Other	Other	Other					
Important Notice individuals may	by Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to the index when filling your Florida Department	ent of State Annual	ged for reporting purposes only, Non-indexed Report form.					
ı.c <u>C</u>	12. Signature of Director or Officer							
	rector algoing this document (and who is listed in number false information submitted in a document to the Depar	finent of State const IPRS	itutes a third degree folony as provided for in					
(Typed or printed name and capacity of person signing application)								



Tre Hargett Secretary of State

Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

November 19, 2024

WOLTERS KLUWER WOLTERS KLUWER 600 SOUTH 2ND STREET SUITE 104 SPRINGFIELD, IL 62704

Request Type: Certificate of Existence/Authorization

0612202

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Receipt #: 009344548

Filing Fee:

\$20.00

From: Daylen Platt

Payment-Credit Card - State Payment Center - CC #: 3886369887

\$20.00

Regarding:

Request #:

Helion Group, Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 05/22/2018

Active

Status: **Duration Term:**

Perpetual

Control #:

965184

Date Formed:

05/22/2018

Formation Locale: TENNESSEE

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Helion Group, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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