M18000001440

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





700314546257

06/18/18--01033--007 **125.00

08/08/18--61892--882 **888...\$



O SIMMONS



July 10, 2018

STEPHANIE LEE 701 SESAME ST SUITE 200 ANCHORAGE, AK 99503

SUBJECT: HELIOS RESOURCES, LTD.

Ref. Number: W18000057271

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Letter Number: 818A00014169

Dionne M Scott Regulatory Specialist II



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2018

STEPHANIE LEE 701 SESAME ST SUITE 200 ANCHORAGE, AK 99503

SUBJECT: HELIOS RESOURCES, LTD.

Ref. Number: W18000057271

We have received your document for HELIOS RESOURCES, LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P17000076857.

The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." Please add the appropriate designation to the name of your limited liability company or to the alternate name you have selected for the state of Florida, if your name is unavailable in this state. The following suffixes are no longer acceptable limited liability company suffixes in Florida: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00012829

8

MILTON THE PORTS OF THE STATE O



July 10, 2018

STEPHANIE LEE 701 SESAME ST SUITE 200 ANCHORAGE, AK 99503

SUBJECT: HELIOS RESOURCES, LTD.

Ref. Number: W18000057271

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

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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

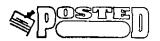
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00014169







COVER LETTER

TO:	Registration Section Division of Corporations	
SHRI	Hetios Resources LTD JECT:	
30001	Name of Limited Liability Company	
The en Exister	enclosed "Application by Foreign Limited Liability Company for Authorization to Trans- lence, and check are submitted to register the above referenced foreign limited liability of	nct Business in Florida," Certificate of company to transact business in Florida
Piease	se return all correspondence concerning this matter to the following.	
	Stephanic Lee	
	Name of Person	<u> </u>
	Hetios Resources LTD	
	Firm/Company	
	701 Sesame St., Suite 200	
	Address	
	Anchorage, AK 99503	
	City/State and Zip Code	The state of the s
	payroll@tanaq.com	
	E-mail address: (to be used for future annual report notific	ation)
For fur	urther information concerning this matter, please call:	
	Stephanie Lee 907 272-9886	
	Name of Contact Person Area Code Daytim	e Telephone Number
	Registration Section Registration P.O. Box 6327 Clifton Build	Corporations Section ling ive Center Circle
Enclose		1\$ 160.00 Filing Fee, Certificate f Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLENCE WITH SECTION 005/002, FLORIDA STATUTEN, THE FOLLOWING IS SCHMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPLINITIO IR ANSACT BUSINESS IN THE STATE OF FLORIDA:

Helios Resources LTU			" * 1	
telos p	Company: must include	"Ulmited Liability Compan	y, a.E.C., or buc.	1
It manie pravajdable, enter atempte	name adopted for the purpose of transacting busine	ess in Florida. The alternate two	ic must include "Lianted Li	modely Company (L.L.C. or LLC.)
₂ PA		30-059	02377	
Ournalistion under the law of it	meh foreign fimited aubility company is laganized	i	QHII mun	oper, it implicable
1/1/2017		_		
	chate first intersected humans in Florids, if the systems (4) 1904 & (4) 1905, F.S. to	prior to regularation (determine penalty festility)		6
701 Sesame St., Suite		₆ Same		
i Street Address of	• • • • • • • • • • • • • • • • • • • •		(lailing , like	dress)
Anchorage, AK 99503				
				三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
. Name and street addre:	ss of Florida registered agent; (P.O). Box <u>NOT</u> acceptab	le)	O
Name:	C T Corporation System			37.08
505 A.U.	1200 South Pine Island Rd			
Office Address:	1300 3000 1 1112 13000 100			ويسورا
	Plantation		Florida 33324	
egistered agent's accep	(Ску)		tZip coo	ke)
esignated in this applica comply with the provisi	gistered agent and to accept serviction, I hereby accept the appointments on full statutes relative to the position as registered agen	ient as registered agei roper and complete p	nt and agree to act erformance of my Danny Verde	in this capacity. I further ago duties, and I am familiar with 300hia
esignated in this applica comply with the provisi	tion, I hereby accept the appointm ons of all statutes relative to the p s of my position as registered agen	ient as registered agei roper and complete p	nt and agree to act crformance of my	in this capacity. I further ago duties, and I am familiar with 300hia
esignated in this applica comply with the provisi nd accept the obligation:	tion, I hereby accept the appointments on all statutes relative to the position as registered agent ag	nent as registered ages roper and complete p it.	nt and agree to act erformance of my Danny Verde Assistant Sec	in this capacity. I further ago duties, and I am familiar with 300hia
esignated in this applica comply with the provisi nd accept the obligation:	tion, I hereby accept the appointm ons of all statutes relative to the p s of my position as registered agen	nent as registered ages roper and complete p at. by a signal signal to hos/have authority	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with 300hia
esignated in this applica comply with the provisi and accept the obligation: The name, title or capa	tion, I hereby accept the appointments of all statutes relative to the person of my position as registered agent agreed agent and address of the person(s) we	nent as registered ages roper and complete p it.	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
esignated in this applicate comply with the provisional accept the obligation: The name, title or capa Title or Capacity:	city and address of the person(s) was and address of the person(s) was a segment of the person of th	nent as registered ages roper and complete p it. Seen a signate Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
esignated in this applicate comply with the provisional accept the obligation: The name, title or capa Title or Capacity:	city and address of the person(s) was and address of the person(s) was and address: Nathan McCowan	nent as registered ages roper and complete p it. Seen a signate Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
esignated in this applicate comply with the provisional accept the obligation: The name, title or capa Title or Capacity:	city and address of the person(s) was and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20	nent as registered ages roper and complete p it. Seen a signate Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
esignated in this applicate comply with the provisional accept the obligation: The name, title or capa Title or Capacity:	city and address of the person(s) was and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20	nent as registered ages roper and complete p it. Seen a signate Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
esignated in this applicate comply with the provisional accept the obligation: The name, title or capa Title or Capacity:	city and address of the person(s) was and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20	nent as registered ages roper and complete p it. Seen a signate Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
rsignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Man. Member	city and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503	nent as registered ages roper and complete p it. Seen a signate Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are	in this capacity. I further ago duties, and I am familiar with ecchia cretary
resignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Mun. Member	city and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503	tent as registered ages roper and complete p at. agent a signature) the has/have authority Title or C:	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are a pacity:	in this capacity. I further age duties, and I am familiar with sechia cretary Name and Address:
resignated in this applicate comply with the provisional accept the obligation. The name, title or capatitle or Capatitle or Capatitle. Man. Member Jee attachments if necess.	city and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days	tent as registered ages roper and complete p at. the control of the control the c	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity:	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address:
esignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Man. Member Jise attachments if necess Attached is a certificate risdiction under the law of the provisional acceptance of the capacity.	city and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days of which it is organized. (If the certifications of the person of the p	tent as registered ages roper and complete p at. the control of the control the c	nt and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity:	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address:
esignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Man. Member Jes attachments if necess Attached is a certificate risdiction under the law of the translator must be sure.	city and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days of which it is organized. (If the certibinitted)	tent as registered ages roper and complete p at. The stranger of the stranger	at and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity: d by the official in anguage, a translati	ving custody of records in the certificate under out
esignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Man. Member Attached is a certificate risdiction under the law of the translator must be sue. This document is executed.	city and address of the person(s) which it is organized. (If the certibrilited) ary) of existence, no more than 90 days of which it is organized. (If the certibrilited)	old, duly authenticate ificate is in a foreign h	at and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity: d by the official ha anguage, a translati	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address: ving custody of records in the ion of the certificate under oather that any false information
esignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Man. Member Jes attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed.	city and address of the person(s) was and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days of which it is organized. (If the certibinitted)	old, duly authenticate ificate is in a foreign h	at and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity: d by the official ha anguage, a translati	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address: ving custody of records in the ion of the certificate under oather that any false information
esignated in this applicate comply with the provisional accept the obligation. The name, title or capa Title or Capacity: Man. Member Jes attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed.	city and address of the person(s) when Marke and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days of which it is organized. (If the certibrilited) the Urparament of State constitutes	old, duly authenticate ificate is in a foreign had a third degree felony	at and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity: d by the official ha anguage, a translati	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address: ving custody of records in the ion of the certificate under oather that any false information
resignated in this applicate comply with the provisional accept the obligation. The name, title or capaaritle or Capacity: Man. Member Jee attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	city and address of the person(s) when Marke and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days of which it is organized. (If the certibrilited) the Urparament of State constitutes	old, duly authenticate ificate is in a foreign h	at and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity: d by the official ha anguage, a translati	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address: ving custody of records in the ion of the certificate under oather that any false information
esignated in this applicate comply with the provisional accept the obligations. The name, title or capa Title or Capacity: Man. Member Attached is a certificate risdiction under the law of the translator must be sue. This document is executed.	city and address of the person(s) when Marke and Address: Nathan McCowan 701 Sesame St., Suite 20 Anchorage, AK 99503 ary) of existence, no more than 90 days of which it is organized. (If the certibrilited) the Urparament of State constitutes	old, duly authenticate ificate is in a foreign had a third degree felony	at and agree to act erformance of my Danny Verde Assistant Sec to manage is/are apacity: d by the official ha anguage, a translati	in this capacity. I further aga duties, and I am familiar with sechia cretary Name and Address: ving custody of records in the ion of the certificate under oather that any false information

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/26/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HELIOS RESOURCES, LTD.

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

LOO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COLUMN OF TH

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC180326161826-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify