

06/06/2019

Division of Corporations

M19000005628

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(((H190001801093)))



H190001801093ABC

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**Foreign Limited Liability Company
Helix Innovations LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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To: 18506176383 From: 12147128131 Date: 06/06/19 Time: 2:49 PM Page: 02/06
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850-617-6381 6/6/2019 4:51:00 PM PAGE 1/001 Fax Server



June 6, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LEGALINC CORPORATE SERVICES INC.

SUBJECT: HELIX INNOVATIONS LLC
REF: W19000054425

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

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Octavia L Simmons FAX Aud. #: B19000177564
Regulatory Specialist II Supervisor Letter Number: 719A00011365

8/11/19 1:11:18 PM

((H19000180109 3))

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Helix Innovations LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. 83-4664347
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6603 West Broad Street 6. 6603 West Broad Street
(Street Address of Principal Office) (Mailing Address)

Richmond, VA 23230 Richmond, VA 23230

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

C T Corporation System

Kathryn A. Widdoes
(Registered agent's signature)

Kathryn A. Widdoes, Assistant Secretary

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**
☒ Manager Name: Jody L. Begley
☐ Member Address: 6603 West Broad Street
☐ Authorized Richmond, VA 23230
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**
☒ Manager Name: Darren Broughton
☐ Member Address: 6603 West Broad Street
☐ Authorized Richmond, VA 23230
Person
☐ Other ☐ Other

☒ Manager Name: Kevin C. Crosthwaite, Jr.
☐ Member Address: 6603 West Broad Street
☐ Authorized Richmond, VA 23230
Person
☐ Other ☐ Other

☒ Manager Name: Shannon M. Leistra
☐ Member Address: 6603 West Broad Street
☐ Authorized Richmond, VA 23230
Person
☐ Other ☐ Other

☐ Manager Name: Allison C. Bolvard
☐ Member Address:
☒ Authorized 6603 West Broad Street
Person Richmond, VA 23230
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

D - C B H
Signature of an authorized person

Darren Broughton

Typed or printed name of signer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HELIX INNOVATIONS LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTY-THIRD DAY OF MAY, A.D. 2019.

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



7315496 8300

SR# 20194466892

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202889922

Date: 05-23-19

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