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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160CC0017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

FILED
21 OCT 27 AM 9:18
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
HELIOS ENVIRONMENTAL ADVANCED TECHNOLOGIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2021 OCT 27 PM 4:45

TALLAHASSEE, FLORIDA

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. HELIOS ENVIRONMENTAL ADVANCED TECHNOLOGIES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware 3. 87-2961652
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. #105 S. 4th Street, 2nd Floor 6. #105 S. 4th Street, 2nd Floor
(Street Address of Principal Office) (Mailing Address)
Artesia, NM 88210 Artesia, NM 88210

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

Name: CAPITOL CORPORATE SERVICES, INC.
Office Address: 515 EAST PARK AVENUE, 2ND FL
TALLAHASSEE, Florida 32301
(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.

Taylor Seay

Taylor Seay, as Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

(Registered agent's signature)

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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: John A. Yates, Jr.
☐ Member Address: #105 S. 4th Street, 2nd Floor
☐ Authorized Address: Artesia, NM 88210
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: John A Yates, III
☐ Member Address: #105 S. 4th Street, 2nd Floor
☐ Authorized Address: Artesia, NM 88210
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Ryan Price
☐ Member Address: #105 S. 4th Street, 2nd Floor
☐ Authorized Address: Artesia, NM 88210
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Dan Lewis
☐ Member Address: #105 S. 4th Street, 2nd Floor
☐ Authorized Address: Artesia, NM 88210
Person _____
☐ Other _____ ☐ Other _____

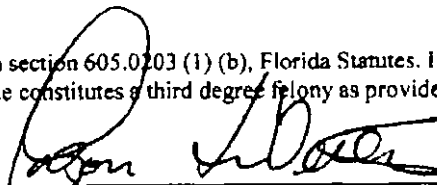
☒ Manager Name: Richard E. Tarrant
☐ Member Address: #105 S. 4th Street, 2nd Floor
☐ Authorized Address: Artesia, NM 88210
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: James C. Jurantich
☐ Member Address: #105 S. 4th Street, 2nd Floor
☐ Authorized Address: Artesia, NM 88210
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 605.0103 (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.



Signature of an authorized person

Marc-Jan Le Vesconte, CEO/Authorized Person

Typed or printed name of signee

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Additional Primary Managers and Persons Authorized to Manage

Name	Office	Address
Ronald L. Roberts	Manager	#105 S. 4th Street, 2nd Floor Artesia, NM 88210
Marc-Jan Le Vesconte	Chief Executive Officer/Authorized Person	#105 S. 4th Street, 2nd Floor Artesia, NM 88210

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HELIOS ENVIRONMENTAL ADVANCED TECHNOLOGIES, 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-SECOND DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HELIOS ENVIRONMENTAL ADVANCED TECHNOLOGIES, LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2021.

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



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SR# 20213594649

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

Authentication: 204491308

Date: 10-22-21

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