

Corporations, Securities & Commercial Licensing Bureau

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF ASSUMED NAME
for

TN ADVISORS LLC

ID Number: 803275420

to transact business under the assumed name of
TRUE N ADVISORS

received by electronic transmission on December 12, 2024 ***, is hereby endorsed.***

Filed on December 15, 2024, ***by the Administrator.*** (LARA)

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2029



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 15th day of December, 2024.

Linda Clegg

Linda Clegg, Director
Corporations, Securities & Commercial Licensing Bureau



Form Revision Date 02/2017

ARTICLES OF ORGANIZATION
For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned executes the following Articles:

Article I

The name of the limited liability company is:

TN ADVISORS LLC

Article II

Unless the articles of organization otherwise provide, all limited liability companies formed pursuant to 1993 PA 23 have the purpose of engaging in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan. You may provide a more specific purpose:

Article III

The duration of the limited liability company if other than perpetual is:

Article IV

The street address of the registered office of the limited liability company and the name of the resident agent at the registered office (P.O. Boxes are not acceptable):

1. Agent Name: SEAN STEVEN ADAMS

2. Street Address: 520 HEYSER ST

Apt/Suite/Other:

City: JACKSON

State: MI

Zip Code: 49203

HOME ADDRESS

3. Registered Office Mailing Address:

P.O. Box or Street Address: 520 HEYSER ST

Apt/Suite/Other:

City: JACKSON

State: MI

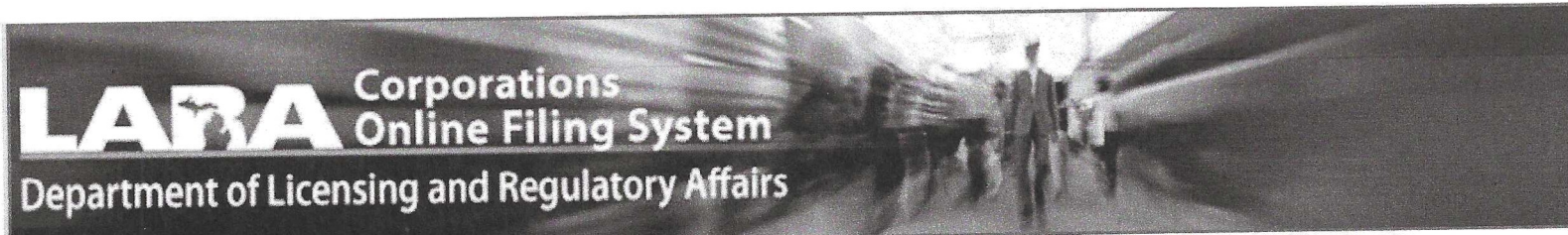
Zip Code: 49203

Signed this 1st Day of October, 2024 by the organizer(s):

Signature	Title	Title if "Other" was selected
Sean Steven Adams	Organizer	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline ☒ Accept



Form Revision Date 07/2016

CERTIFICATE OF ASSUMED NAME
For use by DOMESTIC LIMITED LIABILITY COMPANY

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Certificate:

1. The identification number assigned by the Bureau is:

803275420

2. The name of the limited liability company is:

TN ADVISORS LLC

3. The assumed name under which business is to be transacted is:

TRUE N ADVISORS

This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or general partner (limited partnerships):

Signed this 12th Day of December, 2024 by:

Signature	Title	Title if "Other" was selected
Sean Steven Adams	Member	

By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.

☐ Decline

☒ Accept