## P13000034687

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

W 13-18386



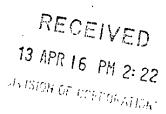
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13 AFR 16 AH II: 52

x 04/17/13

Victor Bruzzone 4411 NE 23<sup>rd</sup> Avenue Lighthouse Point, FL 33064



Mr. Thomas Chang Regulatory Specialist II New Filing Section Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Re: Helicopters International Shipping Services, Inc; Ref. No. W13000018380; Letter No. 913A00007509

Dear Mr. Chang

With regards to the above, copy attached for your easy reference, I am enclosing herewith the corrected document containing the registered agent (plus one copy). I assume my check for \$78.75 is still in your possession to satisfy the required fee(s). If not, please let me know and I will send a replacement check.

I would like to apologize for having missed this section and thank you for taking the time to write me in advise, affording me the opportunity to correct this oversight.

Awaiting your further news, I extend my very best regards

r Bruzzone

Attachment Via U.S. Mail





## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2013

VICTOR BRUZZONE 4411 NE 23RD AVENUE LIGHTHOUSE POINT, FL 33064

SUBJECT: HELICOPTERS INTERNATIONAL SHIPPING SERVICES, INC.

Ref. Number: W13000018380

We have received your document for HELICOPTERS INTERNATIONAL SHIPPING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 913A00007509

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Helic	copters Internation		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: V	ictor Bruzzone	e (Printed or typed)	
44	111 NE 23rd Ave		
		Address	
<u>Li</u>	ghthouse Point,		
	•	State & Zip	
95	54-640-9784		
_	Daytime T	elephone number	
<u>vi</u>	ctor@bruzzone.c	com	
	E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	E Helicopters Internation shall be:	ational Shi	pping Serv	ices, Inc	_
	NCIPAL OFFICE Principal street address		Mailing address, if	different is:	
1635 NW 51st	Place				
Hangar 31 So	uth Office				
Fort Lauderda	le, FL 33309	<del></del>			
which a Corpo	ne corporation is organized is: 10 enga ration may be organized ur	nder the Ge	eneral Corp	oration L	aw of
Florida, other	than the banking busine	ss, the tru	st compan	y busine	ss or
the practice of	a profession permitted to	be incorp	orated by t	he Florid	a
Corporations (	Code.			<b>3</b> 3	(SETATION
					ម) <sup>()</sup>
				1715 C	ת
ARTICLE IV SHA The number of shares of	<b>RES</b> Stock is:			- 관음 (	MH II: 52
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	s:			
Name and Title	Victor Bruzzona, Bracidant/Traccurar		Federico Bruzz	zone, VP/Sed	cretary
Address	4411 NE 23rd Avenue	Address:	23 Bay Sti	reet	
	Lighthouse Point, FL	_	East Atlant	tic Beach	, NY
	33064	-	11561		
Name and Title:		Name and Title	:		
Address					
		_			
Name and Title		Name and Title			
			•		
Address		_ Address:		· · · · · · · · · · · · · · · · · · ·	
		-			

Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The <u>name and Fl</u>	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Victor Bruzzone	_	
Address:	4411 NE 23rd Avenue		
	Lighthouse Point, FL 33064	- -	
ARTICLE VII	INCORPORATOR		
The name and ad	Idress of the Incorporator is:	5. \$5.4 \$ 2.75 \$ 2.75 \$ 2.75 \$	on [
Name:	Victor Bruzzone	- 二	
Address:	4411 NE 23rd Avenue		Si Turk
	Lighthouse Point, FL 33064	-	N.
	ned as registered agent to accept service of process of familiar with and accept the appointment as reg		ty
	Required Signature/Registered Agent	D	ate
I submit this doc document to the	ument and affirm that the facts stated herein are a Department of State constitutes a third degree felon	true. I am aware that the false information by as provided for in s.817.155, F.S.	submitted in a
HX	4	April 9	9, 2013
	Required Signature/Incorporator		Date