

# TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: HELTRON MARINE SERVICES, INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

800002929318--2  
-07/12/99--01136--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

STEPHEN D. LASSAR, ESQ.

(Name of Person)

GOLDFINGER & LASSAR

(Firm/Company)

225 WEST 34TH STREET

(Address)

NEW YORK, NY 10122

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

STEPHEN D. LASSAR

(Name of Person)

at (212) 695- 5670

(Area Code & Daytime Telephone Number)

## STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

## MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Name	<u>DR 1716</u>
Available	<u>[Signature]</u>
Date	<u>[Signature]</u>
Event	<u>[Signature]</u>
Initials	<u>[Signature]</u>
Ver	<u>[Signature]</u>
Acknowledgment	<u>[Signature]</u>
W. P. V. [Signature]	

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee  
Certificate of Status &  
Certified Copy

FILED  
99 JUL 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HELRON MARINE SERVICES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. DELAWARE  
(State or country under the law of which it is incorporated)
3. 22-3551214  
(FEI number, if applicable)
4. OCTOBER 20, 1997  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. FOREIGN CORPORATION HAS NOT TRANSACTED BUSINESS IN FLORIDA  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. c/o ALLIANCE SHIPPERS, INC., 516 SYLVAN AVENUE, SUITE 602, ENGLEWOOD CLIFFS,  
NEW JERSEY 076322  
(Current mailing address)
8. BOAT CHARTER  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Margie D. Miller  
Office Address: 3581 Inverrary Drive, Apt. C201  
Lauderhill, Florida, 33319  
(Zip code)
10. Registered agent's acceptance:  

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

Margie D. Miller  
(Registered agent's signature)
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

FILED  
99 JUL 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: RONALD LEFCOURT

Address: C/O ALLIANCE SHIPPERS, INC., 516 SYLVAN AVENUE, SUITE 602  
ENGLEWOOD CLIFFS, NJ 076322

Vice Chairman: HELEN LEFCOURT

Address: C/O ALLIANCE SHIPPERS, INC.

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: RONALD LEFCOURT

Address: C/O ALLIANCE SHIPPERS, INC.

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: HELEN LEFCOURT

Address: C/O ALLIANCE SHIPPERS, INC.

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
99 JUL 12 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Ronald Lefcourt*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RONALD LEFCOURT  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HELRON MARINE SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JUNE, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HELRON MARINE SERVICES, INC." WAS INCORPORATED ON THE TWENTIETH DAY OF OCTOBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9811704

991245449

DATE: 06-17-99