

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108
Fax Number : (305) 381-8109

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

Email Address: MF@ABOGADOR-ITAMII.COM

FLORIDA LIMITED LIABILITY CO.
HELMAY LLC

Certificate of Status	0
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Corporate Filing Menu

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B. BOSTICK
JUN - 4 2014
EXAMINER

6/3/2014 12:12 PM

Law Offices
GEOFFREY M. WAYNE, P.A.
Penthouse 840
Morrick View
135 San Lorenzo Avenue
Miami, Florida 33146-1527

Telephone 305.381.8108

Facsimile 305.381.8109

GEOFFREY M. WAYNE

gmw@abogadomiami.com

www.abogadomiami.com

June 2, 2014

SENT VIA FAX

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Helmay LLC

To whom this may concern:

Please be advised that Helvio J. Sanchez-Martinez is the owner of Helmay, Inc., document number P04000170527. Per my phone conversation with the Florida Secretary of State Division of Corporations representative this morning, Mr. Sanchez-Martinez is permitted to use the same name for his Florida limited liability company.

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,

GEOFFREY M. WAYNE, P.A.



Alexis Koratich

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2014 JUN - 3 A 8:40
DEPT. OF STATE
TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **HELMAY LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 135 San Lorenzo Ave., PH 840, Coral Gables, FL 33146

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne, Esq.
135 San Lorenzo Ave.,
PH 840
Miami, Florida 33146-1513

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature

ARTICLE IV - Management

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
AMBR/ PS

Name and Address:
HELVIO J. SANCHEZ-MARTINEZ
PO Box 566510
Miami FL 33256

ARTICLE V - Effective date, if other than the date of filing: _____

ARTICLE IV - Other Provisions, if any.

 - Authorized Representative
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Geoffrey M. Wayne
Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

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 MIAMI



June 3, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GEOFFREY M. WAYNE, P.A.

SUBJECT: HELMAY LLC
REF: W14000034257

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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) 245-6051.

Barbara Bostick
Regulatory Specialist II

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