

21600217102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300289965743

09/12/16--01016--023

125700
NOV 15 PM 2:54

M. MOON

NOV 16 2016

him



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2016

KATHERINE HELM
803 ESTUARY WAY
DELRAY BEACH, FL 33483

SUBJECT: THE HELM ENTERPRISES, LLC
Ref. Number: W16000070900

We have received your document for THE HELM ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P05000149551.

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) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 016A00022367

16 OCT 16 PM 1:06
RECEIVED
DIVISION OF CORPORATIONS

FILED
SECT. OF STATE
GAIL
16 OCT 16 PM 2:54



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2016

KATHERINE HELM
803 ESTUARY WAY
DELRAY BEACH, FL 33483

SUBJECT: HELM ENTERPRISES, LLC
Ref. Number: W16000064369

REC'D
16 OCT -3 PM 4:42
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

We have received your document for HELM ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P05000149551.

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) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 816A00019957

Please update to The Helm Enterprises, LLC
(as reflected on pg 2)

Thank you!

REC'D
16 OCT 16 PM 2:54
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Helm Enterprises LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Helm

Name of Person

Firm/Company

803 Estuary Way

Address

Delray Beach, FL 33483

City/State and Zip Code

khelm00@hotmail.com

E-mail address: (to be used for future annual report notification)

16 NOV 16 PM 2:55

STATE
SECRETARY
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Katherine Helm

561

853-8773

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~At The Helm Enterprises, LLC~~

At The Helm Enterprises, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Katherine Helm

803 Estuary Way

Delray Beach, FL 33483

Mailing Address:

Katherine Helm

803 Estuary Way

Delray Beach, FL 33483

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Katherine Helm

Name

803 Estuary Way

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach

FL

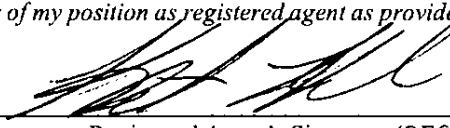
33483

City

State

Zip

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Katherine Helm

803 Estuary Way

Delray Beach, FL 33483

(Use attachment if necessary)

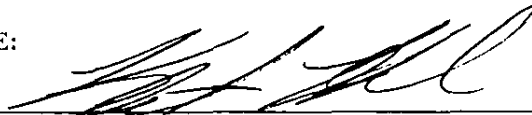
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (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.

Katherine Helm

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

16 NOV 16 PM 2:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA