

P05000107293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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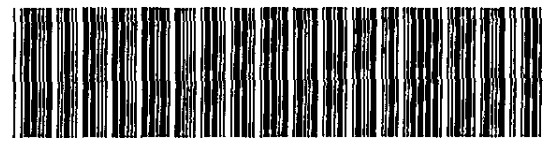
(Business Entity Name)

(Document Number)

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2005 AUG - 1 P 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: HELMUS TRANSCRIPTION SERVICES, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
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 COPY REQUIRED

FROM: STACY L. HELMUS

Name (Printed or typed)

8925 PALM TREE LANE

Address

HOLLYWOOD, FL 33024-4628

City, State & Zip

1-954-430-5427

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be:

HELMUS TRANSCRIPTION SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8925 PALM TREE LANE
HOLLYWOOD, FL 33024-4628

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL TRANSCRIPTION SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

STACY L. HELMUS PRESIDENT
8925 PALM TREE LANE
HOLLYWOOD, FL 33024-4628

ARTICLE VI REGISTERED AGENT

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

PATRICIA A. BITTIKER,
3111 45th STREET #11-103
WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STACY L. HELMUS
8925 PALM TREE LANE
HOLLYWOOD, FL 33024-4628

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

7-14-05

Date



Signature/Incorporator

7/25/05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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