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COVER LETTER

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

SUBJECT: Helic	os Software Inc		
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
Siling Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: S	undar Kulasekaran		
	Name	(Printed or typed)	
	4619 Gulfwinds Dr		
		Address	
	Lutz, FL 33558		
	City,	State & Zip	
	813-784-7860		
	Daytime To	elephone 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:

Helios Software Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4619 Gulfwinds Dr Lutz, FL 33558

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Develop and deliver software services and consulting.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sundar Kulasekaran, President 4619 Gulfwinds Dr Lutz, FL 33558

Jaya Sundar, Vice President 4619 Gulfwinds Dr, Lutz, FL 33558

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sundar Kulasekaran 4619 Gulfwinds Dr, Lutz, FL 33558

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sundar Kulasekaran 4619 Gulfwinds Dr. Lutz, FL 33558

4619 Gulfwinds Dr, Lutz, FL 33558	
**************	*********
Having been named as registered agent to accept service of process for the above stacertificate, I am familiar with and accept the appointment as registered agent and agree	
4.14	9/24/07
Signature/Registered Agent	Date
4/11	8 24 07
Signature/Incorporator	Date