

P11000037615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

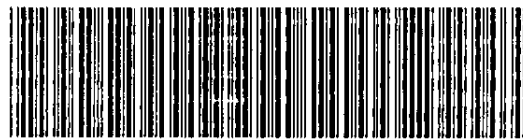
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/11--01020--015 **78.75

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11 MAR 28 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
3/31

COVER LETTER

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

SUBJECT: The Helios Group, 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: Terence I. Austell
Name (Printed or typed)

41 Skyline Dr., Suite 1017
Address

Lake Mary, FL 32746
City, State & Zip

877-336-8103
Daytime Telephone number

tiaustell@gmail.com
E-mail address: (to be used for future annual report notification)

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:

The Helios Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
41 Skyline Drive
Suite 1017
Lake Mary, FL 32746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transacting any and all business not unlawful under the laws of the State of Florida or the United States.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Terence I. Austell, Pres
Address: 41 Skyline Drive
Suite 1017
Lake Mary, FL 32746

Name and Title: _____
Address: _____

Name and Title: Lisa L. Morris, Secretary
Address: 41 Skyline Drive
Suite 1017
Lake Mary, FL 32746

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Terence I. Austell
Address: 41 Skyline Drive, Suite 1017
Lake Mary, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Terence I. Austell
Address: 41 Skyline Drive, Suite 1017
Lake Mary, FL 32746

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TALLAHASSEE FLORIDA

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


Required Signature/Registered Agent

03/16/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

03/16/2011
Date