## P1400079407

(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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## FLÖRIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

9/25/14

NAME:

HELMWORKS, INC

TYPE OF FILING:

ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

ς Σ

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NA	AME pration shall be: HelmWorks, Inc.			14	SEP	25	AM 8	3: 58
<u>ARTICLE II PI</u>	RINCIPAL OFFICE Principal <u>street</u> address		Mailing address,	SEO Indiffe	cht is:	VRY O SCEE	ÆST. ,FLO	ATE PIDA
822 Crossfie	ld Place	same	<del>.</del>					
Venice, FL 3	34293						<u>-</u>	
ARTICLE III PU	IRPOSE h the corporation is organized is:							
For the purp	ose of engaging in any lav	vful act or a	ctivity.					
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ARTICLE IV S	HARES 100		•					
The number of shares	of stock is:							
ARTICLE V II	VITIAL OFFICERS AND/OR DIRECTO	ORS						
Name and T	Holdi Holm		<sub>e:</sub> Mike He	lm				
Address	President	Name and 110	Secretar		asu	rer		
Audioss	822 Crossfield Place	Address.	822 Cros					
•	Venice, FL 34293		Venice, I	FL 34	1293	3		•
•				<del></del>	•			
Name and Ti	tle:	Name and Titl	e:		<del></del> :			
Address		Address:						
•								
		<del></del>		· -·				
Name and Ti	tle;	Name and Titl	e:					
Address						_		
	<del></del>							
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Name i	and Title:	Name and Title:
Addre	ess	Address:
		· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	I REGISTERED AGENT   Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Cindy Gossman	
Address:	822 Crossfield Place	
Audi ess.	Venice, FL 34293	<del></del>
		_
ARTICLE VI	II INCORPORATOR	
The <u>name and</u>	laddress of the Incorporator is:	
Name:	James G. Kordik, Esq.	<u> </u>
Address:	2160 Kettering Tower	
	Dayton, OH 45423	•
Having been this certificate	named as registered agent to accept service of process, I am familiar with and accept the appointment as a Required Signature/Registered Agent	- 1
•	Required Signature/Registered Agent	/Date
I submit this	document and affirm that the facts stated herein a the Department of State constitutes a third degree fe	re true. I am aware that the false information submitted in a
1	" ~ M 1/	
	Required Signature/Incorporator	9-24-/4 Date
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