

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

J REYES

NOV - 3 2017

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION
HELLCONSIGNMENT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 NOV - 3 PM 4:38

DIVISION OF CORPORATIONS
INFORMATION SERVICESFILED
17 NOV - 3 AM 10:42
TALLAHASSEE, FLORIDA
STATE DEPT OF STATE



November 3, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: HEL CONSIGNMENT, INC.
REF: W17000088184

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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KYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000280576
Letter Number: 317A00022315

P.O. BOX 6327 - Tallahassee, Florida 32314

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: HELI CONSIGNMENT, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 11244 SW 111 ST Mailing address, if different is:
MIAMI, FL 33176

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JULES C. ROBINSON, PRESIDENT</u>	Name and Title:	<u>PAOLA CARRANZA ROBINSON, VP</u>
Address	<u>11244 SW 111 ST</u>	Address:	<u>11244 SW 111 ST</u>
	<u>MIAMI, FL 33176</u>		<u>MIAMI, FL 33176</u>
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

77 NOV - 31 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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17 NOV -3 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: JEFFREY S. BERLOWITZ, ESQ.
Address: 201 ALHAMBRA CIRCLE, 11th FLOOR
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOE A. REYES, CPA
Address: 6701 SUNSET DR, STE 100
MIAMI, FL 33143

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/24/2017 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation in 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

10-30-2017
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

10/24/17
Date