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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

The Helikon Group Inc.

Certificate of Status	0
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Page Count	03
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TALLAHASSEE, FLORIDA

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K. PAGE

AUG 26 2019

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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 HeliKon Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

781 Caxambas Drive

Marco Island, FL 34145

Mailing address, if different is.

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Knipper, Director

Address: 781 Caxambas Drive, Marco Island, FL 34145

Name and Title: Teresa Knipper, Director

Address: 781 Caxambas Drive, Marco Island, FL 34145

Name and Title: James Knipper, President

Address: 781 Caxambas Drive, Marco Island, FL 34145

Name and Title: Teresa Knipper, Vice President

Address: 781 Caxambas Drive, Marco Island, FL 34145

Name and Title: James Knipper, Treasurer

Address: 781 Caxambas Drive, Marco Island, FL 34145

Name and Title: Teresa Knipper, Secretary

Address: 781 Caxambas Drive, Marco Island, FL 34145

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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. James Knipper

Address 781 Caxambas Drive

Marco Island, FL 34145

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is.

Name: Teresa Knipper

Address: 781 Caxambas Drive

Marco Island, FL 34145

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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 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 8/23/19 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 8/23/19 Date

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