

P19000087477

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000345030 3)))



H190003450303ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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
HELMES CORPORATION

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

FILED
19 NOV 26 PM 6:17
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

NOV 27 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:HELMES CORPORATION**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

79 SW 12th St Unit 3601-S, Miami FL 33130**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**VICENTE VICTOR FLAMES ALBERO (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIA A BREARD5838 Collins Ave Unit 10B, Miami Beach FL 33140**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:VICENTE VICTOR FLAMES ALBERO5838 Collins ave Unit 10B, Miami Beach FL 33140NOTARIAL PUBLIC
JALANOSSE, FLORIDA

19 NOV 26 PM 6:17


FILED

Required Signatures:

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

 11/22/19
Registered Agent 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 § 817.155, F.S.

 11/22/19
Incorporator Date

FILED
19 NOV 26 PM 6:17
STATE OF FLORIDA
TALLAHASSEE, FLORIDA