

P220000035492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

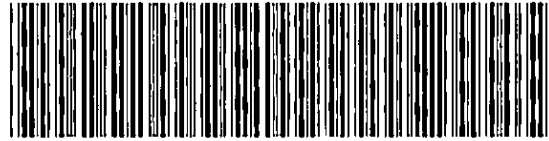
(Business Entity Name)

(Document Number)

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2022 MAY 13 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 MAY 13 AM 11:07

CLERK OF COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: 70.00

AUTHORIZATION SIGNATURE: James Galt

HELIOSORG CORP  
BUSINESS ( Name)

Document #

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy (please stamp each page)

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

☒ **CORP**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ( ) ☐ Country

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ DOMESTICATION OF FOREIGN CORPORATION

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** HELIOSORG CORP

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** BLUEMAX PARTNERS CORP

Name (Printed or typed)

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City, State & Zip

(305) 607-3493

Daytime Telephone number

MDELLOCA@MDELLCONSULTING.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: HELIOSORG CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

260 Crandon, Suite 32

MIAMI, FL, 33149

Mailing address, if different is:

260 Crandon, Suite 32

MIAMI, FL, 33149

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: P. Eduardo Luis Ramon Huergo

Name and Title: \_\_\_\_\_

Address 260 Crandon, Suite 32

Address: \_\_\_\_\_

MIAMI, FL, 33149

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: BLUEMAX PARTNERS CORP  
Address: 848 BRICKELL AVE STE 1130  
MIAMI, FL, 33131

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TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

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

Name: BLUEMAX PARTNERS CORP  
Address: 848 BRICKELL AVE STE 1130  
MIAMI, FL, 33131

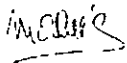
**ARTICLE VIII EFFECTIVE DATE:**

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

05/13/2022

\_\_\_\_\_  
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

05/13/2022

\_\_\_\_\_  
Date