P23000024933

(Requestor's Name)	-		
(Address)	-		
(Address)	_		
(City/State/Zip/Phone #)	_		
(Business Entity Name)	<u> </u>		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	7		

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Helisport US Inc.

BUSINESS NAME

DOCUMENT #

Certified Copy of Articles of Incorporation

___ Certificate of Status

NEW FILINGS

Profit Corp Not for Profit Limited Liability Domestication Other X_CORP LLLP

OTHER FILINGS

____Annual Report

____Fictitious Name

____ APOSTILLE

____ Country

EXAMINER'S INITIALS:_____

AMMENDMENTS

____Amendment ____Resignation of R.A. Officer/Director ___Change of Registered Agent ____Revocation of Dissolution _____Merger ____Conversion ____Amended and restated Articles _____Statement of Authority

21

REGISTERATION/QUALIFICATIONS

Foreign filing Limited Partnership Reinstatement

_Other

COVER LETTER

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

12

SUBJECT: Helisport US Inc.

(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 Filing Fee	□ \$78.75Filing Fee& Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	 □ \$87.50 Filing Fee, Certified Copy & Certificate o Status 	
		ADDITIONAL COPY REQUIRED		

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FROM: Maria Costanza Barducci Name (Printed or typed)

> <u>5 W 19th Sto 10th Floor,</u> Address

New York, NY 10011

City. State & Zip

212 433 2554

Daytime Telephone number

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)

The name of the corporation shall be: Helisport US Inc. <u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address 100 Biscayne Blvd Suite 1114			Mailing address, if different is:			
Miami, FL 33132 ARTICLE III PURE	USE the corporation is organized is: <u>any and</u>	all lawful purp	DOSES			
ARTICLE IV SHAI The number of shares o ARTICLE V INITI		y Name and Title Address:		SECRE AND Y OF STATE		
Name and Tuł Address		_ Name and Title _ Address: _	:			
Name and Title Address						

Name a	nd Title:	Name and Title:	
Addre	SS	Address:	
			<u></u>
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Maria- Costanza Barducci	_	
Address	100 Biscayne Blvd suite 1114		
	Miami, FL 33132		2023 SEC
<u>ARTICLE VII</u>	INCORPORATOR		5EC:
The <u>name and</u>	address of the Incorporator is		1
Name:	Serena Utari		
Address:	100 Biscayne Blvd suite 1114	_	5111E
	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

Yau's Colore Barlues

03/31/2023

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.

× Sezena Milite Required Signature/Incorporator

Date 03/31/2023