# 997000037088

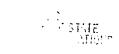
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Tallahassee, FL 32314				
SUBJECT:	HELMS INE IN (Proposed co	rporate name - must includ	te suffix)	_
			1 00002153 -04/24/97 *****78.79	
Enclosed is an original a	and one(1) copy of the articles	of incorporation and a	check for :	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	DPY REQUIRED	]
FROM:	Richard Name (Pr	L, HELIN rinted or typed)	5	97
_	1276 2	Entuig!	9 VE	
_	SAVDSOTA City,	State & Zip	84286	THO WITE
	941 - 3	366 - 335	フ	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

a Krisslay



### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE	I	NA	ME

The name of the corporation shall be:

HELMSMEN MAYINE INE

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1236 CENTUAL AVE. SAVASCTA, 71. 34236

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500.

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Richard L- HELMS
1236 CELTUAL AVE
SAVASCTA FINA
LEV INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Richard L. HELMS
765 Tropien/ Civelor
SAVASOTA, 71. 34242

Signature/Incorporator

4-18-97

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

4-18-97

Date