

P97000037088  
TRANSMITTAL LETTER

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

SUBJECT: HELMS NEW MARINE INC.  
(Proposed corporate name - must include suffix)

100002153631--2  
-04/24/97--01057--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original 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 COPY REQUIRED

FROM: RICHARD L. HELMS  
Name (Printed or typed)

1236 CENTRAL AVE  
Address

SARASOTA, FL 34286  
City, State & Zip

941-366-3357  
Daytime Telephone number

97 APR 24 1997

STATE  
RECORDS

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

4/25/97

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 NAME**

The name of the corporation shall be:

HELMSMEN MARINE INC.

**ARTICLE II PRINCIPAL OFFICE**

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

1236 CENTRAL AVE.  
SARASOTA, FL. 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 CENTRAL AVE  
SARASOTA, FL. 34236

**ARTICLE V INCORPORATOR**

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

Richard L. HELMS  
765 Tropical Circle  
SARASOTA, FL. 34242

Signature/Incorporator

Date

(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

Date