Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number: : (850) 922-4001

From:

Account Name

: JORGE R. BOLUFE Account Number : I19990000158

Phone

: (561)477-0342

Fax Number

: (561)477-0911

FLORIDA PROFIT CORPORATION OR P.A

THE HELMET SOURCE INC.

Certificate of Status	. 0
Certified Copy	0
Page Count	01.
Estimated Charge	\$70.00

P.02

ARTICLES OF INCORPORATION

The name of the corporation shall be: THE HELMET SOURCE INC.

The principal place of business and mailing address of the corporation is: 2519 - NORTH OCEAN BLVD. SUITE #315 BOCA RATON, FL. 33431

The corporation shall have the amhority to issue 1000 shares of stock.

The terms of existence is perpetual.

The purpose of the corporation is:

WHOLESALE SALES OF HELMETS

The registered agent and the registered address of the corporation is:

JORGE R. BOLUFE' 22412 - CYPRESS WOOD LANE BOCA RATON, FL. 33428

The initial Board of Directors shall have __1_ member(s) whose name(s) and address(es) is/are as follows:

STEVEN E. RICHMOND 2519 - NORTH OCEAN BLVD. BOCA RATON, FL. 33431 PRES. & SECY.

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

The name and address of the incorporator is:

JORGE R. BOLUFE'

22412 - CYPRESS WOOD LANE

BOCA RATON, FL. 33428

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 am familiar with and accept the obligations of my position as registered agent.