

L1000011180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

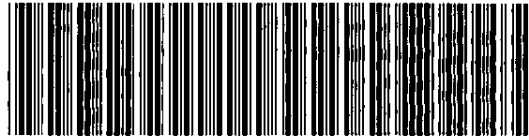
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185657050

10/01/10--01042--008 **160.00

EFFECTIVE DATE

11/1/10

10 OCT 25 PM 3:54

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENEX LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GENEVIEVE FORTUNATO
Name of Person

GENEX LLC
Firm/Company

169 CROWN AVE
Address

STATEN ISLAND, NY 10312
City/State and Zip Code

WEFFER@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENEVIEVE FORTUNATO at (**718**) **490-1233**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2010

GENEVIEVE FORTUNATO
169 CROWN AVENUE
STATEN ISLAND, NY 10312

SUBJECT: GENEX LLC
Ref. Number: W10000046215

We have received your document for GENEX LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The effective date is not acceptable since it is not within five working days of the date of receipt.

This document was received in our office on 10/01/10.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 610A00023426

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GENEX LOGISTICS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

169 CROWN AVE
STATEN ISLAND, NY 10312

169 CROWN AVE
STATEN ISLAND, NY 10312

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

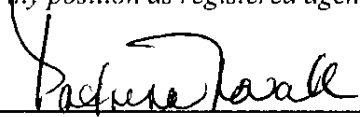
PATRINA NOVAK
Name

2618 SE 31ST PL
Florida street address (P.O. Box **NOT** acceptable)

OCALA FL 34471
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
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Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

GENEVIEVE FORTUNATO

169 CROWN AVE

STATEN ISLAND, NY 10312

MGRM

STEWART FORTUNATO

169 CROWN AVE

STATEN ISLAND, NY 10312

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-1-2010 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GENEVIEVE FORTUNATO

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT 25 PM 3: 54