Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000314872 3)))



H180003148723ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Esail	Address:		

FLORIDA LIMITED LIABILITY CO. **GENESIS STORE, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

1. ju

Electronic Filing Menu

Corporate Filing Menu

Help

10731/18 07:52AM PDT '3055727043'

3052201440

Pg 2/3

ARTICLES OF ORGANIZATION FOR FLORIDA LILMITED LIABILITY COMPANY

ARTICLE ! - Name:

GENESIS STORE, 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:

3006 NW 72ND AVE

3006 NW 72ND AVE

MIAMI; FL. 33122

MIAMI, FL 33122

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 ontity with an active Florida Registration.)

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

BELKIS MARIBEL LOSADA SABINA

Name

15340 SW 284TH 5T APT 177

Ficrida street address (P.O. Box NOT acceptable)

HOMESTEAD

FL.

33033

City

State

Zip

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 provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

3 OCT 31 AM 4:53

F, 1

Pg 3/3

Δ	o	T	a	E	N	-
~	n	va.	_	æ	IV	_

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

BELKIS MARIBEL LOSADA SABINA

15340 SW 284TH ST APT 177

HOMESTEAD, FL 33033

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in s.817.155, F.S.

18 OCT 31 AM 4: 5

455