# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6331

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO.

### GENESIS TRADING LLC

Certificate of Status	U
Certified Copy	U
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu — Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA DMITTED LIABILITY COMPANY

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To:

The name of the Limited Liability Company is:

### GENESIS TRADING LLC

(Must contain the words "Limited Liability Company, "E.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:

6 Lamont Court Brooklyn, New York 11225

6 Lamont Court Brooklyn, New York 11225

#### 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

Vcorp Agent Services, Inc.

Name

1200 South Pine Island Road

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

Plantation, Florida 33324

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited Itability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dattes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Miriam Nachison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL 21 Tri 8: 55

**MGR** = Manager**   MGR	Title:	Name and Address:		
(Use attachment if necessary)  1.E.V.: Effective date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.  If the date inserted in this block does not meet the applicable statutory tiling requirements, this date with not be lument's effective date on the Department of State's records.  1.E.VI: Other provisions, if any.  REOURED SIGNATURE:    Is NAFTALI KUGEL   Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,020; (1) (b). Florida Statutes, Lan aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 8.817,185, F.S.    Naftali Rugel   Typed or printed name of signer   Page 125, 100 Certified Copy (Optional)   Page 125, 100 Certified Copy (Optional)				
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