

M16000007241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

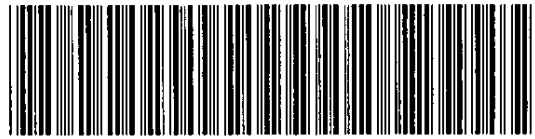
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 12 P 2:28

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JAMES A. CURRAN  
E-MAIL DIRECT: jim@cgtco.com  
JOSEPH J. COLLOPY  
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TERESA MAGEE  
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## Corporation Guarantee and Trust Company

TWO GREENWOOD SQUARE, SUITE 110  
3331 STREET ROAD, BENSALEM, PA 19020  
TELEPHONES: (800) 563-6131 • (215) 633-8144  
FAX (215) 633-8160  
E-MAIL: info@cgtco.com

August 30, 2016

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

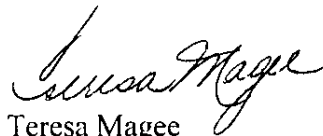
RE: GENESIS ACRES, LLC

To Whom It May Concern:

Enclosed is duplicate Application by Foreign limited Liability of the above company for filing with your office, together with Certificate of Good Standing and our \$160.00 check to cover filing, Certificate of Status and certified copy fees.

Please send your usual acknowledgment to this office when the filing has been completed. Thank you.

Cordially yours,

  
Teresa Magee  
Secretary

TM/t  
Enclosures

2016 SEP 12 P 2:28  
TALLAHASSEE, FLORIDA

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**COVER LETTER**  
August 30, 2016

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** GENESIS ACRES, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Teresa Magee  
Name of Person

Corporation Guarantee and Trust Company  
Firm/Company

3331 Street Road, Suite 110  
Address

Bensalem, PA 19020-2045  
City/State and Zip Code

info@cgtco.com  
E-mail address: (to be used for future annual report notification)

2015 SEP 12 P 2:28  
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TALLAHASSEE FLORIDA

**FILED**

For further information concerning this matter, please call:

Teresa Magee at ( 215 ) 633-8144  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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     \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GENESIS ACRES, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey (Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-5821582 (FEI number, if applicable)

4. Upon registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2439 Kuser Road
Hamilton, NJ 08690
(Street Address of Principal Office)

6. 2439 Kuser Road
Hamilton, NJ 08690
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Edwin F. Blanton
Office Address: 610 Summerbrooke Drive
Tallahassee, Florida 32312
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature of Edwin F. Blanton]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Eli Mordechai, Ph.D., Managing Member, 2439 Kuser Road, Hamilton, NJ 08690

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Handwritten signature]
Signature of an authorized person

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 felony as provided for in s.817.155, F.S.

ELI MORDECHAI, Ph.D.
Typed or printed name of signee

2016 JUL 12 P 2:20
OFFICE OF THE CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

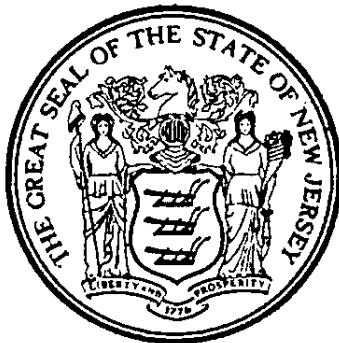
**GENESIS ACRES, LLC  
0400152195**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 03, 2006.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*ELI MORDECHAI  
2439 KUSER ROAD  
HAMILTON, NJ 08690*



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
30th day of August, 2016*

*Ford M. Scudder*

*Ford M. Scudder  
Acting State Treasurer*

Certificate Number : 6073942522

Verify this certificate online at

[https://www1.state.nj.us/FYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/FYTR_StandingCert/JSP/Verify_Cert.jsp)