

N 13000003371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

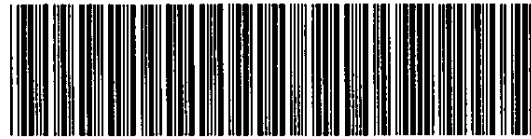
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR -8 PM 12:52

ps 4/9/13

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Genesis TCM Corp.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: **Humberto J. Santiago**
Name (Printed or typed)

13524 Turtle Marsh Loop #632
Address

Orlando, FL 32837
City, State & Zip

407-350-7911
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Genesis TCM Corp.

13 APR -8 PM 12:52

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13524 Turtle Marsh Loop #632, Orlando FL 32837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide targeted case management services to children and adults who are experiencing significant emotional difficulties.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Humberto J. Santiago, President

Name and Title: _____

Address 13524 Turtle Marsh Loop #632

Address: _____

Orlando, FL 32837

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR -8 PM 12:52

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

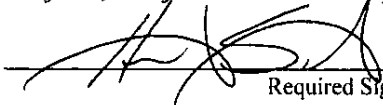
Name: Humberto J. Santiago
Address: 13524 Turtle Marsh Loop #632
Orlando, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Humberto J. Santiago
Address: 13524 Turtle Marsh Loop #632
Orlando, FL 32837

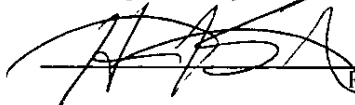
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

4/5/13
Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature of Incorporator

4/5/13
Date