



**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)

FILED  
SECRETARY OF STATE  
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: \_\_\_\_\_

FILFD  
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:

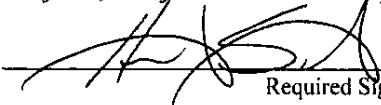
Name: Humberto J. Santiago  
Address: 13524 Turtle Marsh Loop #632  
Orlando, FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

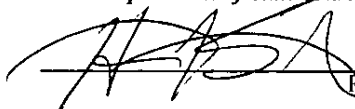
Name: Humberto J. Santiago  
Address: 13524 Turtle Marsh Loop #632  
Orlando, FL 32837

*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