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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

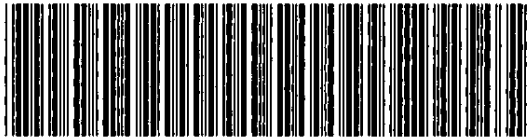
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 31 PM 12:31

**COVER LETTER**

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

SUBJECT: Gemeni Holdings Group, Inc.  
(PROPOSED CORPORATE NAME / MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Christopher Davies  
Name (Printed or typed)

3916 Granada Blvd  
Address

Coral Gables, FL, 33134  
City, State & Zip

561-235-1688  
Daytime Telephone number

sb2 lawyer@yahoo.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 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Gemeni Holdings Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3916 Granada Blvd  
Coral Gables, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business and Consulting  
services for small and medium size  
companies

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Christopher Davies CEO Name and Title: \_\_\_\_\_

Address: 3916 Granada Blvd Address: \_\_\_\_\_  
Coral Gables FL 33134

Name and Title: Christopher Davies Director Name and Title: \_\_\_\_\_

Address: 3916 Granada Blvd Address: \_\_\_\_\_  
Coral Gables FL 33134

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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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: Christopher Davies

Address: 3916 Granada Blvd  
Coral Gables, FL 33134

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Christopher Davies

Address: 3916 Granada Blvd  
Coral Gables, FL 33134

*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*

*Christopher Davies*  
Required Signature/Registered Agent

Jan 27, 2014  
Date

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

*Christopher Davies*  
Required Signature/Incorporator

Jan 27, 2014  
Date