

BO6000000/16

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600064361946

01/24/06 -- 01140 -- 012 **1000.00

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2006 JAN 24 PM 2:10
TALLAHASSEE, FLORIDA

W06-4271
J. BRYAN JAN 27 2006

J. BRYAN MAR 10 2006

W06-11-2006

Kenneth J. Sonzogni, CPA
Lisa Bottitto, CPA
Andrew Fingerhut, CPA

Natalie Kennedy
Kathleen Woeste CPA
Cynthia Wilson, CPA
Joseph A. Ciccarone
Ruth A. Wittig
Hal Erbe, CPA
Karen Henderson, CPA



Certified Public Accountants

Devina Mehta
Lisa Garcia
Rich Veltre, CPA
Teresa DiSessa
Tina Greenberg

Randi Sue Krayowski
Judith A. Carlson
Kathy Tureson
Lisa Henkin
Margarita Alvarado
Amanda Bashford

Client: Genesis Group LP

Year-Ended 2006

TAX RETURN INSTRUCTIONS
(PLEASE NOTE ITEMS CHECKED)

RETURN ENCLOSED

FORM #:

☐ FEDERAL

☒ STATE

☐ CITY

FL-REG

SIGN PAGE(S)

3 and P5

☐ ANY OFFICER

☐ TAXPAYER

☐ ANY PARTNER

☐ TAXPAYER & SPOUSE

☐ FIDUCIARY

☒ Bruce Fixelle

DUE DATE FOR FILING OF RETURN AND PAYMENT OF TAX, IF ANY

ASAP

AMOUNT OF TAX DUE: 1000.00

MAKE CHECK PAYABLE TO:

☐ U.S. TREASURY

☐ NEW YORK STATE
INCOME TAX BUREAU

☐ NEW YORK STATE
CORPORATION TAX

☐ STATE OF NJ

☐ CITY COLLECTOR

☐ NO CHECK REQUIRED

☒ Florida Dept of State

AMOUNT OF OVERPAYMENT \$

TO BE REFUNDED \$

TO BE CREDITED TO

ESTIMATED TAX FOR NEXT YEAR \$

MAIL RETURN AND CHECK TO:

☐ IRS CENTER- CINCINNATI, OHIO 45999

☐ INTERNAL REVENUE SERVICE CENTER

☐ STATE OF NEW JERSEY

TRENTON, NEW JERSEY

☐ NEW YORK STATE CORPORATION TAX
PROCESSING UNIT
P.O. BOX 22094
ALBANY, NEW YORK, 12201-2094

☐ THE CITY OF NEW YORK
FINANCE ADMINISTRATION
DEPARTMENT OF TAX COLLECTION
P.O. BOX _____ STATION
NEW YORK, NEW YORK 100 _____

☒ Registration Section
Division of Corporations
Clifton Bldg 2661 Executive
Center Circle Tallahassee
FL 32301

SPECIAL INSTRUCTIONS:

Submit original certificate
of existence along with
this application and
check.

NOTE: COPY IS ENCLOSED FOR YOUR FILES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENESIS GROUP LP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

BRUCE FIXELLE

(Contact Person)

GENESIS GROUP LP

(Firm/Company)

100 UNION AVE

(Address)

CRESSKILL NJ 07626

(City, State and Zip Code)

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For further information concerning this matter, please call:

BRUCE FIXELLE at (201) 816-8668
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) ☐ \$1,008.75 Filing Fees and Certificate of Status ☐ \$1,052.50 Filing Fees and Certified Copy ☐ \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2006

BRUCE FIXELLE
GENESIS GROUP LP
100 UNION AVE
CRESSKILL, NJ 07626

SUBJECT: GENESIS GROUP LP
Ref. Number: W06000004271

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TALLAHASSEE, FLORIDA

We have received your document for GENESIS GROUP LP and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing. > *FLA. ADVISED TO USE 1/24/06*

The registered agent must sign accepting the designation. > *OK, see PAGE 1 OF 3*

ATTACHED A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 906A00005998

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. GENESIS GROUP LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix.
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., LLP, or LLLP.)

GENESIS GRP LP

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. DELAWARE

(State or Country of Formation)

3. 11/23/1992

(Date of Formation)

4. BRUCE FIXELLE

(Name of Registered Agent for Service of Process)

5. 4251 GULF SHORE BLVD. NORTH APT 19B

(Florida street address for Registered Agent)

NAPLES FL 34103

6. 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.

Bruce A Fixelle

Signature of Registered Agent

7. 100 UNION AVE. CRESSKILL NJ 07626

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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2006 JAN 24 PM 2:10
TALLAHASSEE, FLORIDA

9. SAME

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

BRUCE FIXELLE

(Name)

5 CHERRY HILL COURT

(Street Address)

HILLSDALE NJ 07642

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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TALLAHASSEE, FLORIDA

11. Effective date, if other than the date of filing: 01/24/06

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 24TH day of Jan, 20 06

Signature of a general partner:

Bruce A. Furell

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Delaware

PAGE 1

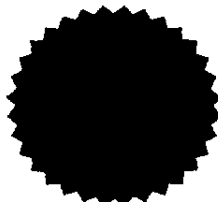
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENESIS GROUP, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENESIS GROUP, L.P." WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 1992.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED
2006 JAN 24 PM 2:11
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2316758 8300

AUTHENTICATION: 4550691

060186135

DATE: 02-27-06