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PICK-UP WAIT MAIL
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SUFFICIENCY OF FILTHO TO ACKNOWLEDGE TO ACKNOWLEDGE REPARTMENT OF STATE

5 APR -2 AM 1: 19

1/2/5/

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32303 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 558968 8040413

AUTHORIZATION :

COST LIMIT : \$/70.00

ORDER DATE: March 23, 2015

ORDER TIME : 9:48 AM

ORDER NO. : 558968-016

CUSTOMER NO: 8040413

FOREIGN FILINGS

NAME: GENERIS KNOWLEDGE MANAGEMENT

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

	Filing Section ion of Corpor					
SUBJECT:	Generis Kno	wledge Management	Inc			
SOBSECT.	· · · · · · · · · · · · · · · · · · ·	Name of corp	oration	- must include suffix		
Dear Sir or M	ladam:					
"Certificate o	f Existence,"		od Stan	ding" and check are sub	ct Business in Florida," omitted to register the	
Please return	all correspond	lence concerning this	matter	to the following:		
JAMES KELL	EHER.					
-		Na	me of I	Person		
GENERIS KN	10WLEDGE 1	MANAGEMENT INC.				
	•	Fin	n/Com	pany		
1990 MAIN S	TREET, #750					
			Addre	ss		
SARASOTA,	fl 34236					
	-	City/9	State ar	d Zip code		
james.kellehe	r@generisco	p.com				
TOTAL CONTRACTOR OF THE PARTY O	F	E-mail address: (to be	used fo	or future annual report i	notification)	
For further int	formation con	cerning this matter, p	lease ca	all:		
		at (_)		
Name	e of Person		Area C	_) Tode & Daytime Teleph	one Number	
CTDE	ET/COUDU	ED ADDDECC.		MAHINCA	nndeec.	
STREET/COURIER ADDRESS: New Filing Section				MAILING ADDRESS: New Filing Section		
Division of Corporations			Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a	check for the	following amount:				
□ \$70.00 Fili	ing Fee 🛚 🗖	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	OWLEDGE MANAGEMENT INC.				
	orporation; must include "INCORPORAT forp," "Inc," "Co," or "Corp.")	FED," "COMPANY," "CORPORATIO	N,"		
Nevada					
(If name unavail	able in Florida, enter alternate corporate n	name adopted for the purpose of transaction	ng business in Florida)		
Nevada		2			
	y under the law of which it is incorporated	d) (FEI number, if ap	oplicable)		
01/22/2002		Perpetual	. Perpetual		
•••	of incorporation)	(Duration: Year corp. will cease to	(Duration: Year corp. will cease to exist or "perpetual")		
5,					
·		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liabil	ity)		
7. 1990 Main Stre	et, #750, Sarasota, FL 34236		¥		
· ·	(Principal office	e address)	75		
1990 Main Stre	et, #750, Sarasota, FL 34236		Fig. 1 server.		
	(Current mailing	g address)	Maria Control		
	et address of Florida registered agent: Corporation Service Company	(P.O. Box <u>NOT</u> acceptable)	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA		
Name:					
Office Address:	1201 Hays Street				
	Tallahassee	32301 , Florida			
	(City)	(Zip code)			
Having been nam designated in this further agree to c duties, and I am f	ent's acceptance: sed as registered agent and to accept the application, I hereby accept the application of all status amiliar with and accept the obligation of the confidence of the obligation of the obligati	ointment as registered agent and agr tes relative to the proper and complo ons of my position as registered agen	ree to act in this capacity. I tele performance of my		

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

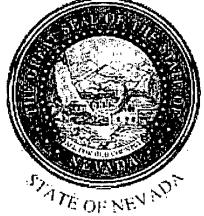
11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS President: _ James Kelleher 1990 Main Street, #750, Sarasota, FL 34236 Vice President: Address: Treasurer: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Molthe

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

, James Kelleher, President

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GENERIS KNOWLEDGE MANAGEMENT INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 22, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 1, 2015.

BARBARA K. CEGAVSKE Secretary of State

Borbora K. Cegovske

Electronic Certificate
Certificate Number: C20150401-2115
You may verify this electronic certificate
online at http://www.nvsos.gov/