

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

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Email:	Address	

FOREIGN PROFIT/NONPROFIT CORPORATION GENESIS ENGINEERING GROUP, INC.

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI	ect.	GENESIS	ENGINEERING	GROUP, INC.			
SC DO	DC I .		Name	e of corporatio	n - musi	include suffix	
Dear Si	ir or M	adam:					
"Certifi	icate of	Existence		te of Good Sta	nding"	and check are sub	ct Business in Florida," emitted to register the
Please i	return a	il corresp	ondence concer	ning this matte	r to the	following:	
CORY	GERBR	ANDT					
			· · · · · · · · · · · · · · · · · · ·	Name of	Person	<del></del>	
CT CO	RPORA	TION					
	-		<u> </u>	Firm/Co	npany		
2075 C	ENTRE	POINTE	BLVD				
				Add	ress		
TALLA	MASSI	EE, FL 323	08				
				City/State	and Zip	code	
CORY.	GERBE	ANDT@	VOLTERSKLUV				
			E-mail addre	ss: (to be used	for futu	re annual report	notification)
For fur	ther inf	ormation	concerning this	matter, please	call;		
Cory G	erbrand	:		at (	558	3-1933	
<del></del> ,	Name	of Perso	1	Area Co	de	Daytime Telep	hone Number
STREET/COURIER 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				
Enclose	ed is a c	heck for	the following an	nount:			
<b>□ \$</b> 70	.00 Fili	ng Pec	S78.75 Fili Certificate	~		75 Filing Fee & fied Copy	S87.50 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.

	Corp.," "Inc.," "Co.," or "Corp.")  Ephesus Analytics, The.  Ilable in Florida, enter alternate corporate name ado	pted for the purpose of transacting b	ousiness in Florida)
INDIANA			
(State or coun	try under the law of which it is incorporated)	(FEI number, if appli	cable)
4. DECEMBER	11, 2013		
(Da	te of incorporation) 5.	(Date of duration, if other tha	an perpetual)
6. not applicable			
	(Date first transacted business in Fl (SEE SECTIONS 607,1501 & 607,1502		)
7 1203 E, ST. CL	AIR STREET, SUITE B INDIANAPOLIS, IN 4621	02 ·	
	(Principal	office address)	ਲ ਲ
	(Current mailing a	ddress, if different)	
8. Name and str	(Current mailing a		19 AH
8. Name and str			19 AH
	cet address of Florida registered agent; (P.O. E		المستعدد والأباري
Name:	CT Corporation System  1200 South Pine Island Road	Box NOT acceptable)	19 AH
Name:	CT Corporation System  1200 South Pine Island Road		19 AH
Name: Office Address:  9. Registered a Having been na designated in th further agree to	cet address of Florida registered agent: (P.O. E C T Corporation System 1200 South Pine Island Road Plantation	Sox NOT acceptable) , Florida 33324	corporation at the place to act in this capacity.

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: David Shuck	
Address: 1203 E St. Clair Street, Suite B, Indianapolis, Indiana 46202	
Vice Chairman: William Malthy	
1203 E. St. Clair Street, Suite B. Indianapolis, Indiana 46202	
Director: Kevin Hutton	
Address: 1203 E. St. Clair Street, Suite B. Indianapolis, Indiana 46202	
Director: William Bates	
1703 E. St. Clair Street, Suite B. Indiananalis, Indiana 16207	
B. OFFICERS	5
President:	<b>1 1 1 1 1 1 1 1 1 1</b>
Address:	<i>in≥</i> , 7**
Vice President:	0:3
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional o	fficers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affi are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	rms that the facts stated herein Department of State constitutes
13. William A. Maltby	
(Typed or printed name and capacity of person signing application	an)

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

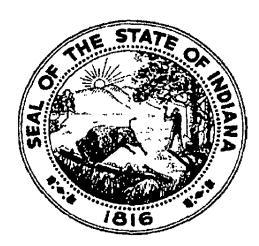
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

## GENESIS ENGINEERING GROUP, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 11, 2013, and was in existence or authorized to transact business in the State of Indiana on February 02, 2016.

I further certify this For-Profit Domestic Corporation has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of February, 2016.

CODIE O MARIE

Connie Lawson, Secretary of State

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