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2016 MAY 23 P 4:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAY 26 2016

SWARREN

COVER LETTER

TO: Registration Section
Division of Corporations
GENESIS AUTOMATION USA, INC.

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
NOEL O'HANLON

Name of Person
GENESIS AUTOMATION USA, INC.

Firm/Company
4830 W. KENNEDY BLVD.

Address
TAMPA, FL 33609

City/State and Zip code
NOEL.OHANLON@GENESISVMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW L. McINTOSH 813 227-2330

Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing 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.*

GENESIS AUTOMATION USA, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

DELAWARE

61-1782576

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

FEBRUARY 23, 2016

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

4830 W. KENNEDY BLVD., TAMPA, FL 33609

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

ANDREW L. McINTOSH

Name: _____

101 E. KENNEDY BLVD., SUITE 2800

Office Address: _____

TAMPA

33602

_____, Florida _____
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.



(Registered agent's signature)

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.

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JUN 23 P 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: NOEL O'HANLON

4830 W. KENNEDY BLVD., TAMPA, FL 33609

Address: _____

Vice Chairman: TIMOTHY ANTHONY DALY

4830 W. KENNEDY BLVD., TAMPA, FL 33609

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: NOEL O'HANLON, CHIEF EXECUTIVE OFFICER & PRESIDENT

4830 W. KENNEDY BLVD., TAMPA, FL 33609

Address: _____

Vice President: GUILLERMO RAMOS, EXECUTIVE VICE PRESIDENT

4830 W. KENNEDY BLVD., TAMPA, FL 33609

Address: _____

Secretary: IAN McDERMOTT, SECRETARY

4830 W. KENNEDY BLVD., TAMPA, FL 33609

Address: _____

Treasurer: IAN McDERMOTT, CHIEF FINANCIAL OFFICER & TREASURER

4830 W. KENNEDY BLVD., TAMPA, FL 33609

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. IAN McDERMOTT
(Typed or printed name and capacity of person signing application)

Delaware

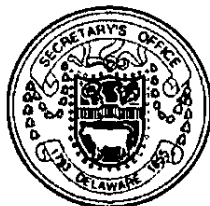
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GENESIS AUTOMATION USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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



5971310 8300

SR# 20161082730

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201878764

Date: 02-24-16