

F18000002536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

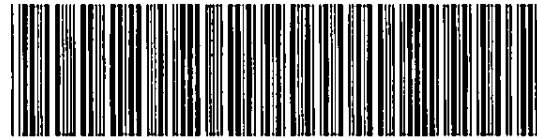
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-46987 ewo

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05/11/18--01013--015 **70.00

FILED
2018 MAY 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
MAY 30 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2018

JENNIFER ROBBINS
GENIPM, INC.
323 MANLEY ST.
WEST BRIDGEWATER, MA 02379

SUBJECT: GENIPM, INC.
Ref. Number: W18000046987

We have received your document for GENIPM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 518A00010261

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GeniPM, Inc.

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:

Jennifer Robbins

Name of Person

GeniPM, Inc.

Firm/Company

323 Manley Street

Address

West Bridgewater, MA 02379

City/State and Zip code

jrobbins@genisystem.com

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

For further information concerning this matter, please call:

Jennifer Robbins

508

692-4036

at (_____) _____

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.*

1. GeniPM, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Massachusetts 3. 81-4625345
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. April 20, 2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 323 Manley Street, West Bridgewater, MA 02379
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: Shawn Murray

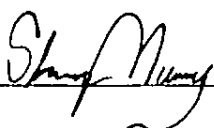
Office Address: 1055 Carriage Hill Road

Viera, Florida 32940
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

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

A. DIRECTORS

Chairman: ROBERT J GENDRON

Address: 47 DIANDY ROAD SAGAMORE BEACH, MA 02562

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: ROBERT J GENDRON

Address: 47 DIANDY ROAD SAGAMORE BEACH, MA 02562

Vice President:

Address:

Secretary: ROBERT J GENDRON

Address: 47 DIANDY ROAD SAGAMORE BEACH, MA 02562

Treasurer: ROBERT J GENDRON

Address: 47 DIANDY ROAD SAGAMORE BEACH, MA 02562

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

12. 

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. ROBERT J GENDRON, PRESIDENT

(Typed or printed name and capacity of person signing application)

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2018 MAY 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

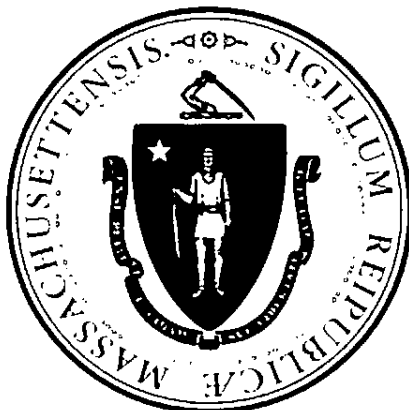
Date: May 25, 2018

To Whom It May Concern :

I hereby certify that according to the records of this office,

GENIPM, INC.

is a domestic corporation organized on **January 01, 2017** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 18050527820

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: