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SELECTARY OF STATE

MAY - 4 2021 M. SOLOMON

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Genesis Events and A	equisitions, Inc.			
	Name of corporation	- must include suffix		_
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cer above referenced foreign corporati	tificate of Good Stand	ding" and check are subn		
Please return all correspondence co	oncerning this matter	to the following:		
Samantha Jackson				
	Name of I	Person		_
Meriam Corporate Services, Inc.				
	Firm/Com	pany		_
PO Box 52588			3 m	
•	Addre	SS	<u> </u>	
Mesa AZ 85208			> 20 	, ; 1
	City/State ar	nd Zip code	(S. X. S. X. S. X.	
meriamfinancial@gmail.com			on in one of the one o	; !
E-mail :	address: (to be used fo	or future annual report no	otification) 다양 교환 한민	
For further information concerning	this matter, please ca	all:	20 A	
Samantha Jackson	720 at (	318.8456		
Name of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
	IDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Statu Certified Copy	is &

# 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 Events	and Solutions, Inc.			
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp,")	COMPANY." "CORPÓRATION		
(If name unavail	able in Florida, enter alternate corporate name add		business in Florida)	
Texas	3 85	85-3564310		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
10/20/2020	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
•	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration)  F.S. to determine penalty liability	<u> </u>	
2929 East Comm	ercial Blvd Ste 507 Ft Lauderdale FL 33308	, and the determine parameter in the second	,	
	(Principal office	street address)		
	<b>,</b>		, <u>.</u> . , , , ,	
-	(Current mailing a	ddress, if different)		
			APR   FSTAR AHAS	
. Name and stree	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	ASS T	
Name:	Kayla Romo			
ivanie:	2020 P C	_	PH 3	
Office Address:	2929 East Commercial Blvd Ste 507		PH 3: 34 PESTATE PELORIO	
	Ft Lauderdale	. Florida 33308	\$11 F	
	(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.

A. DIRECTORS							
□Chairman	Name: Kayla Romo	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	2929 East Commercial Blvd Ste 507	□Director					
■President	Ft Lauderdale FL 33308	□President					
□Vice President		□Vice President					
■ Secretary	■ Treasurer	□Secretary		□Treasurer			
□Other	□Other	□Other		□()ther			
□Chairman	Name;	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		DTreasurer APR			
□Other	Other	□Other		Other (%)			
□Chairman	Name:	□Chairman □Vice Chairman	Name:	<u>≖</u> ≱			
□Director	Addices.		Address.				
□ President	· <u> </u>	☐Director ☐President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when fiting your Florida Department of State Annual Report form.  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.

, Kayla Romo, President

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



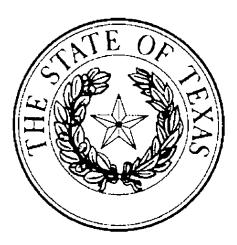
### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Genesis Events and Solutions, Inc. (file number 803801769), a Domestic For-Profit Corporation, was filed in this office on October 20, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 07, 2021.



Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services Document: 1041007230002