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PICK-UP	WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Geno XYZ LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tzuchian Jeh (Name of Person)	- -
GenoXYZ LLC (Firm/Company)	·
2855 S Conway Rd 305 (Address)	FILED 2005 JAN 24 AM 11: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Orlando, FL 32812 (City/State and Zip Code)	SEE FLOR
For further information concerning this matter, please call:	Dr. 8
Truchian Yeh at 521, 274 60 28 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee & Certified Copy (additional copy is	tatus &

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GenoXYZ LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2855 S Conway Rd 305 Orlando, FL 32812	2855 S Conway Rd 305 Orlando, FL 32812
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	
Tzuchian Name	Yeh
2855 S Conway Florida street addi	ress (P.O. Box NOT acceptable)
Orlando, City, State, as	FL 328(2 AR 2 T C T C T C T C T C T C T C T C T C T
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited in certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familia with and tered agent as provided for in Chapter 688, F.S

(CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
446.844	T. Wina Val
<u>M</u> GRM	zuchlar yen
	2855 S Canlway Rd 305
	Orlando, FL'32812
	•
	
(Use attachment if necessary)	
(Ose attachment if necessary)	
NOTE: An additional article must b	oe added if an effective date is requested.
REQUIRED SIGNATURE:	
,	
	-
Signature of a member	or an authorized representative of a member.
(In accordance with cost	ion 609 409/2) Florido Statutas the execution
	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE

Typed or printed name of signee