

LD5000097614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

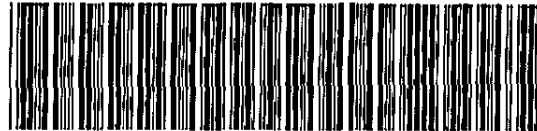
(Business Entity Name)

(Document Number)

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09/27/05 10:49:30 AM \*\* (50) \*\*

2005 SEP 30 AM 10:30  
TALLAHASSEE FLORIDA

10/4/05

**TRANSMITTAL LETTER**

**FILED**

2005 SEP 30 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** — GENAPOL, 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:

ARTHUR J. ROSS  
(Name of Person)

ROSS FINANCIAL, INC.  
(Firm/Company)

6414 N. ST. LOUIS  
(Address)

LINCOLNWOOD, IL 60712  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR J. ROSS at (847) 674-5404  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

EFFECTIVE DATE

9/20/05

FILED

ARTICLES OF ORGANIZATION

2005 SEP 30 AM 10:30

FOR

FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA  
TALLAHASSEE FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

GENAPOL, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1710 S. TARPON BAY DRIVE

1710 S. TARPON BAY DRIVE

SUITE 101

SUITE 101

NAPLES, FLORIDA 34119

NAPLES, FLORIDA 34119

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

GREGORY FILIPOWICZ

Name

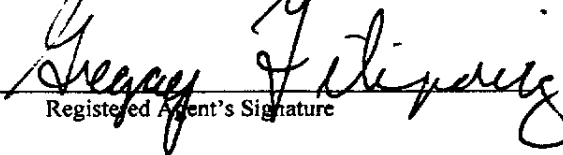
1710 S. TARPON BAY DRIVE #101

Florida street address (P.O. Box NOT acceptable)

NAPLES, FLORIDA 34119

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..*



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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

**MGRM**

Arthur J. Ross  
6414 N. St. Louis  
Lincolnwood, Illinois 60712

**MGRM**

Gregory Filipowicz  
1710 S. Tarpon Bay Drive #101  
Naples, Florida 34119

**ARTICLE V EFFECTIVE DATE**

The effective date of the filing shall be September 26, 2005.

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

\_\_\_\_\_  
ARTHUR J. ROSS

Typed or printed name of signee

**Filing Fees:**

- ✓ \$100.00 Filing Fee for .Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

2005 SEP 30 AM 10:30  
TALLAHASSEE FLORIDA