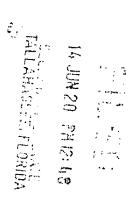


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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2014

GERSON HERNANDEZ 803 W PALMDALE BLVD #68 PALMDALE, CA 93551

SUBJECT: ENGEENETICS LLC Ref. Number: W14000036813

We have received your document for ENGEENETICS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 114A00012843

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ENGEENETICS.LLC	mited Liability Company	
Name of Life	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Gerson Hernandez		
	Name of Person	
General Corporate Services Inc.		
3	Firm/Company	_
803 W. Palmdale Blvd #68		
	Address	
Palmdale CA 93551		
	City/State and Zip Code	
gerson@companiesinc.com E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, ple	•	,
t of tartion information concerning the matter, pro-		
Gerson Hernandez at (at (661) 310 2823 Area Code Daytime Tel	ephone Number
Name of Person	Area Code Daytime Ter	ephone Number
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Adda	<u>ress</u>
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLESOF ONOANIZATION	OKTIONDA EMITED ELABIATT	OMIANI
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
ENGEENETICS LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princi	pal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
2870 Peachtree RD # 287	2870 Peachtree RD # 28	7
Atlanta, GA 30305	Atlanta, GA 30305	<u>. </u>
		<u> </u>
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must de ration.)	
The name and the Florida street address of the regis	tered agent are:	
Steve Singletary		
Ŋ	Name	
3510 Lake Buffum Road	Fast	
Florida street address (P.O.		
Fort Meade	FL 33841	
City	Zip	
Having been named as registered agent and to acce the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept th	accept the appointment as registered of ions of all statutes relating to the proj	ngent and agree to act in this oer and complete performance
		$\mathcal{L}_{\mathcal{O}}$
Registered Agent's S	Signature (REQUIRED)	ACC T
(CONT	INUED)	LLAHASSE
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Page	:1 of2	**************************************

AMBR" = Authorized Member MGR" = Manager Advanta IRA Administration, LLC FBO Longin Jurkovic IRA#1521277 2870 Peachtree RD # 287 Atlanta, GA 30305 MGR Longin Jurkovic, 2870 Peachtree RD # 287 Atlanta, GA 30305 V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Bob Lambert - Organizer/Authorized Representative of a member. (In accordance with section 605,0203 (1), b), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree alony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	IMBR" = Authorized Member IGMBR Advanta IRA Administration, LLC FBO Longin Jurkovic IRA#152127. 2870 Peachtree RD # 287 Atlanta, GA 30305 IGR Longin Jurkovic 2870 Peachtree RD # 287 Atlanta, GA 30305 Ise attachment if necessary) V: Effective date, if other than the date of filing:	Title: AMBR" = Authorized Member MGR" = Manager MGMBR	Advanta IRA Administration, LLC FBO Longin Jurkovic IRA#1521277
MGR" = Manager Advanta IRA Administration, LLC FBO Longin Jurkovic IRA#1521277 Allanta, GA 30305 MGR Longin Jurkovic 2870 Peachtree RD # 287 Atlanta, GA 30305 Longin Jurkovic 2870 Peachtree RD # 287 Atlanta, GA 30305 V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Bob Lambert - Organizer/Authorized Representative Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree tajony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	Advanta IRA Administration, LLC FBO Longin Jurkovic IRA#152127. 2870 Peachtree RD # 287 Allanta, GA 30305 IGR Longin Jurkovic 2870 Peachtree RD # 287 Atlanta, GA 30305 V: Effective date, if other than the date of filing: ive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Bob Lambert - Organizer/Authorized Representative Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree along as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Typed or printed name of signee	MGR" = Manager MGMBR	2870 Peachtree RD # 287
Advanta IRA Administration, LLC F80 Longin Jurkovic IRA#1521277 2870 Peachtree RD # 287 Atlanta, GA 30305 AGR Longin Jurkovic 2870 Peachtree RD # 287 Atlanta, GA 30305 Longin Jurkovic 2870 Peachtree RD # 287 Atlanta, GA 30305 V: Effective date, if other than the date of filing:	Advanta IRA Administration, LLC F80 Longin Jurkovic IRA#1521277 2870 Peachtree RD # 287 Atlanta, GA 30305 IGR Longin Jurkovic. 2870 Peachtree RD # 287 Atlanta, GA 30305 V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Bob Lambert - Organizer/Authorized Representative Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree islony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	MGMBR	2870 Peachtree RD # 287
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5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 🔠 🤫 🔭	5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Bob Lambert - Organ Signature of a mem (In accordance with section 605.0 constitutes an affirmation under that any false information constitutes a third degree falony;	nizer/Authorized Representative there or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. 11 as provided for in s.817.155, F.S.)
	5 30.00 Certified Copy (Optional)	V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EOUIRED SIGNATURE: Bob Lambert - Organ Signature of a mem (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information constitutes a third degree falony and the section of th	nizer/Authorized Representative there or an authorized representative of a member. 10203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
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