

615000090097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

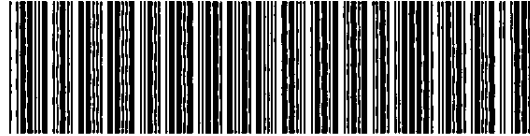
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY -4 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers MAY 07 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GENESIS DESIGN BUILD, 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:

JAMES BRENT MILLER  
\_\_\_\_\_

Name of Person

GENESIS DESIGN BUILD, LLC  
\_\_\_\_\_

Firm/Company

2200 N. CONFERENCE DR.  
\_\_\_\_\_

Address

BOCA RATON, FL 33486  
\_\_\_\_\_

City/State and Zip Code

FASTSTRIKE150@AOL.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

JAMES BRENT MILLER	561	706-1700	
_____	at ( _____ )		_____
Name of Person	Area Code		Daytime Telephone 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)
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**Mailing Address**

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

**Street Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GENESIS DESIGN BUILD, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2200 N CONFERENCE DR.  
BOCA RATON, FL 33486

**Mailing Address:**

2200 N CONFERENCE DR.  
BOCA RATON, FL 33486

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JAMES BRENT MILLER

Name

2200 N CONFERENCE DR.

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

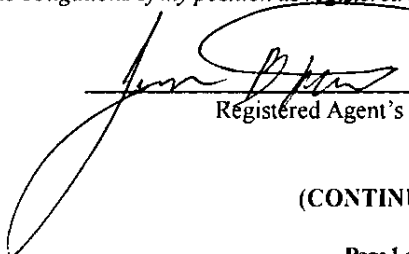
BOCA RATON                      FL                      33486

City

State

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY -4 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JAMES BRENT MILLER  
2200 N CONFERENCE DR.  
BOCA RATON, FL 33486

MGR

HEATHER ANNE LEWIS  
7126 VIA MEDITERRANIA  
BOCA RATON, FL 33433

MGR

SAM GREGORY MILLER  
2200 N CONFERENCE DR.  
BOCA RATON, FL 33486

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

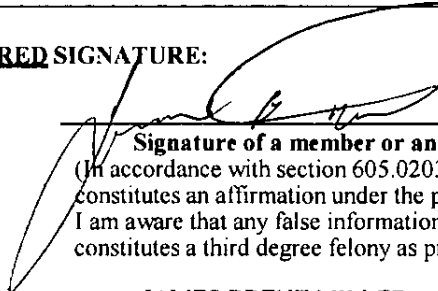
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/A

**REQUIRED SIGNATURE:**



**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 felony as provided for in s.817.155, F.S.)

JAMES BRENT MILLER

Typed or printed name of signee

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED  
15 MAY -1 PM 12:59  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA