

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L16000165884
FILED 8:00 AM
August 24, 2016
Sec. Of State
lyarbrough**

Article I

The name of the Limited Liability Company is:
GENX INNOVATIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
16416 NW 16 STREET
PEMBROKE PINES, FL. US 33028

The mailing address of the Limited Liability Company is:
16416 NW 16 STREET
PEMBROKE PINES, FL. US 33028

Article III

The name and Florida street address of the registered agent is:
SHELBY MATHEW
16416 NW 16 STREET
PEMBROKE PINES, FL. 33028

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.

Registered Agent Signature: SHELBY MATHEW

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MMBR
SHELBY MATHEW
16416 NW 16 STREET
PEMBROKE PINES, FL. 33028 US

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Article V

The effective date for this Limited Liability Company shall be:

08/24/2016

Signature of member or an authorized representative

Electronic Signature: SHELBY MATHEW

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L16000165884

August 29, 2016

Shelby Mathew
16416 NW 16 Street
Pembroke Pines, FL 33028

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: P11000073268 – Permanent Dissolution Confirmation

Dear Florida Department of State, Division of Corporation.

My name is Shelby Mathew, the previous President/Owner of Genx Innovations, Inc., Florida Document # P11000073268. I dissolved this corporation last year on 9/25/2016.


I have no intension to reinstate this previous company, Genx Innovations, Inc., in the future, # P11000073268.

I would like to release the name so there is no further potential conflict with the new company which I have recently filed that has the same name but will be operating as an LLC, Genx Innovations, LLC, Document Number # W16000059195.

I already called in and spoke to a representative at the Florida Division of Corporation office, and he advised me to provide this letter to you. I will also include the email stating the conflict until I can provide this permanent dissolution confirmation pertaining to the previous business.

If needed, I can be reached at smathew141@gmail, or at: 954-529-3322.

Thank you,


Shelby Mathew

16 SEP -9 AM 9:07

RECEIVED

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INDIVIDUAL ACKNOWLEDGMENT

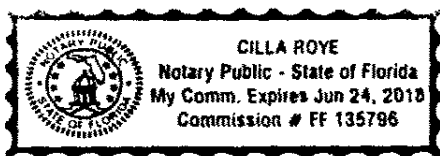
State/Commonwealth of Florida
County of Miami-Dade } ss.
On this the 31 day of August, 2016, before me,
Cilla Roye the undersigned Notary Public,
Name of Notary Public
personally appeared SHELBY MATHEW
Name(s) of Signer(s)

☐ personally known to me - OR -

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Cilla Roye
Signature of Notary Public

Cilla Roye

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal Letter

Document Date: August 29, 2016 Number of Pages: 1

Signer(s) Other Than Named Above: _____

August 29, 2016

Shelby Mathew

16416 NW 16th Street

Pembroke Pines, FL 33028

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