

L17000154428

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000187650 3)))



H170001876503ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : A.A.ALI, CPA
Account Number : 120000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

17 JUL 18 PM 3:22

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICESFLORIDA LIMITED LIABILITY CO.
GENESIS SQUARE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUL 18 AM 10:06

FILED

((H17000187650 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GENESIS SQUARE, LLC

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

ARTICLE II - Address:

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

1304 OCOEE APOPKA RD

OCOEE, FL 34761

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.)

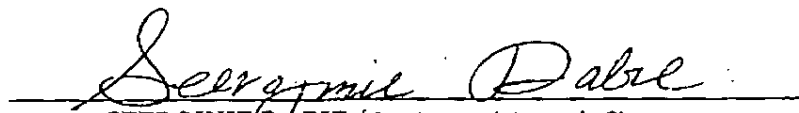
The name and the Florida street address of the registered agent are:

SEEROJNIE DABIE

1304 OCOEE APOPKA RD

OCOEE, FL 34761

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..


SEEROJNIE DABIE / Registered Agent's Signature

((H17000187650 3)))

FILED
17 JUL 18 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H11000181020 2)))

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

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

"MGR" = Manager

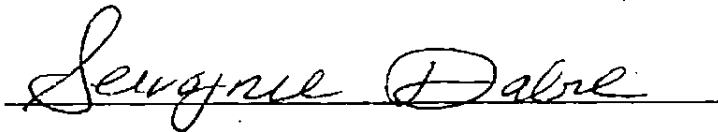
"MGRM" = Managing Member

**SEEROJNIE DABIE - AMBR/ MGR
1304 OCOEE APOPKA RD
OCOEE, FL 34761**

ARTICLE V: Effective date, if other than the date of filing: 7/18/2017

(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.)

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.)

SEEROJNIE DABIE

Typed or printed name of signee

FILED
17 JUL 18 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H117000187650 3)))