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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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To:

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

From:

Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

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

Email Address: gabriel@taxcare.com

FLORIDA LIMITED LIABILITY CO.

Genesis ~~Consultants~~ One Consultants LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$125.00

2020 MAR 12 PM 2:42

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MAR 12 2020

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

GENESIS ONE CONSULTANTS LLC
(Must contain 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:	Mailing Address:
8000 WEST DRIVE APT 732	8000 WEST DRIVE APT 732
NORTH BAY VILLAGE FL 33141	NORTH BAY VILLAGE FL 33141

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:

TAX CARE DORAL
Name

1400 NW 107TH AVE STE 203
Florida street address (P.O. Box NOT acceptable)

SWEETWATER	FL	33172
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 607, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV:

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGRM:	NOHEGLY M. DIAZ GASIBA 8000 WEST DRIVE APT 732 NORTH BAY VILLAGE FL 33141
MGRM:	YASMIN A. GASIBA DE DIAZ 8000 WEST DRIVE APT 732 NORTH BAY VILLAGE FL 33141
MGRM:	JOSE R. DIAZ CROQUER 8000 WEST DRIVE APT 732 NORTH BAY VILLAGE FL 33141

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/06/2020 (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:
ANY AND ALL LAWFUL BUSINESS.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes.
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.

JOSE R. DIAZ CROQUER
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)

March 4, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX CARE DORAL
1400 NW 107TH AVE STE 430
SWEETWATER, FL 33172

SUBJECT: GENESIS CONSULTANTS LLC
REF: W20000023981

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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) 245-6052.

WILLIAM LAWRENCE
Regulatory Specialist II

FAX Aud. #: H20000070686
Letter Number: 120A00004776