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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 : (239)262-5303 Phone Fax Number : (239)262-6030

\*\*Enter the email address for this business entity to be used for future.

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\*\*Enter the email address please.\*\*

Email Address: conrad@swfloridalaw.com

## FLORIDA LIMITED LIABILITY CO.

Geny Enterprises, LLC

Certificate of Status	1		
Certified Copy	1		
Page Count	03		
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Help

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	COVER LETTER	
TO:	Registration Section	
	Division of Corporations	
SÚBJE	Geny Enterprises, LLC	
	Name of Limited Liability Company	· · · · · · · ·
The end	nclosed Articles of Organization and fee(s) are submitted for filing.	
THE CIRC	Miles of Organization and Society and Society	
Please	return all correspondence concerning this matter to the following:	.f
	Conrad Willkomm Esq.	
	Name of Person	
	ner to American American	
	Law Office of Conrad Willkomm, P.A.	
	Firm/Company	
	3201 Tamiami Trail N, 2nd Floor	
	Address	
		and the second
	Naples, FL 34103	
	City/State and Zip Code	
	conrad@swfloridalaw.com	
	E-mail address: (to be used for future annual report notification)	
Tan Finis	her information concerning this matter, please call:	
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	Zalman Cole, Esq. 239 262-5303	1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
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	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	P-7-1
	Tallahassee, FL 32301	
	THE RESERVE THE RE	J

Name

3201 Tamiami Trail N, 2nd Floor

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

Naples Florida 34103

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 ye registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

CASLE AND/OR VIDEO

CASLE AND/OR VIDEO

FRANCHISING

DIVISION OF FORBORS ATTIONS

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