Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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

Email Address:____ CENX ONE INC

FLORIDA LIMITED LIABILITY CO.

-GENX-LLC-

Certificate of Status	0
Certified Copy	0
Page Count	01
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December 20, 2022

FLORIDA DEPARTMENT OF STATE

BUSINESS WORLD TRANSACTIONS, INC. Division of Corporations

SUBJECT: GENX, LLC REF: W22000156495

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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.

Genesis R Kersey OPS Clerk

FAX Aud. #: H22000425544 Letter Number: 522A00028383

ARTICLES OF ORGANIZATION FOR FLORIDAL INITTED LIABILITY COMPANY

.L.C.," or "LLC.") ability Company is:
shiin Ca———
shiling Co
somey Company (s)
Mailing Address:
W 39 COURT
GARDENS, FL. 33055
Signature: inust designate an individual o

Name 20313 NW 39 COURT

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

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 accupt 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

	= Authorized Member	Name and Address:
"MGR" =		
<u>AMBR</u>		JOSE A. MORENO JR
		20313 NW 39 COURT
		MIAMI GARDENS, FL. 33055
		
-		
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