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(Re	equestor's Name)	 				
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PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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22 NOV 30 AM II: 53 SECRETARY OF STATE FALLAHASSEE, FLORED

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December 13, 2022

JAMIE CHATMAN 2321 29TH STREET OAKLAND PARK, FL 33311

SUBJECT: THE GENIUS COMPANY LLC

Ref. Number: W22000153271

We have received your document for THE GENIUS COMPANY LLC and your check(s) totaling \$130.00. 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L21000078661.

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.

ARCEDRA JOHNSON Regulatory Specialist II

Letter Number: 322A00027638

COVER LETTER

	New Filing Sec Division of Cor							
SUBJEC	The Genius	Company Hold					-	
		Name	of Limited	Liability Com	pany			
The enclo	osed Articles of	Organization and fe	e(s) are sub	mitted for filin	ıg.			
Please re	turn all correspo	ndence concerning	this matter t	to the followin	g:			
	Jamie Chatm	nan						
			N	ame of Person				
	The (Jenius Co	mpany Fi	Hdding irm/Company	uc			
	2321 29th St	reet						
				Address				
	Oakland Par	k, FL 33311						
			City/S	tate and Zip C	ode			
		n@icloud.com					···	
	I	E-mail address: (to b	se used for f	future annual re	eport notificat	ion)		
For further	r information co	ncerning this matter	, please call	l:				
	Jamie Chatm	an 	816 _at (820-:	2347		22 K SECF	_~
	Nam	e of Person	Area (Code Day	time Telephor	ne Number	22 NOV 30 SECRETAR: LLAHASSI	
Enclosed	l is a check for t	he following amoun	t:				O AH	Ω
□\$125.0	00 Filing Fee	■\$130.00 Filing Certificate of Sta	itus	□\$155.00 Fil Certified Copy dditional copy	y	Certificat Certified	of Status &	d)
	Moilie	og Addmore		Street	Address			

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
The Genius Company (Must contai		ability Compa	any, "L.L.C.," or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:								
<u>Principal</u>	Office Address:		Mailing Address:					
2321 NW 29th Street,	Oakland Park, Fl 33311		POBOX SYZY Oakland Park FL 33310					
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:								
	Jamie Chatman							
Name								
2321 NW 29th Street								
	Florida street address (P.O. Box NOT acceptable)							
	Oakland Park	Fl	33311					

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. place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. So further agree to comply with the provisions of all statutes relating to the proper and complete performance of my further, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F. Registered Agent's Signature (REQUIRED)

Registered Agent's Signature (REQUIRED)

City

State

Zip

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: December 1 (5th 202) (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. **REOUIRED 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 Statute This document is executed in accordance with section 605.0203 (1) (0), FIGURE 1 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. 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)