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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FUED
SUBJECT: GEN MANAGEMENT, LLC	03 DEC 19 PM 3: 44
	ame of Limited Liability Company) SECHELAHASSEE, FLORIDA for Authorization to Transact Business in Florida, Certificate of Existence, and
fee(s) are submitted for filing.	for Authorization to Transact Business in Florida, ectimicate of Existence, and
Please return all correspondence concerning this matter to the fol	lowing:
LOUIS M. MEINERS, JR.	
(Name of Person)	
ADVOCATE CONSULTING (Firm/Company)	
9229 DELEGATES ROW, SUITE 245 (Address)	-
INDIANAPOLIS, IN 46240 (City/State and Zip Code)	
For further information concerning this matter, please call:	
YOLANDA ROBINSON	at (317) 581-4070
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E027(10/02)

Tallahassee, Florida 32399

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA: 44

1.	SECREDARY OF STATE TALLAHASSEE, FLORIDA
1.	(Name of foreign limited liability company)
2.	DELAWARE 3. 20-0537913
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.	DECEMBER 17, 2003 5. PERPETUAL
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	DECEMBER 17, 2003
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7.	26133 US HIGHWAY 19 N SUITE 100
	CLEARWATER, FL 33763-2015
	(Street address of principal office)
8.	If limited liability company is a manager-managed company, check here
9.	The names and usual business addresses of the managing members or managers are as follows:
	GILBERT DI GIANNANTONIO NEIL G. KEIFER EDWARD C. DROSTE
	26133 US HIGHWAY 19 N, STE 100 SAME SAME
	CLEARWATER, FL 33763-2015 SAME SAME
havi acce	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not eptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator t be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: EQUIPMENT LEASING
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) LOUIS M. MEINERS, JR.
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES; THE PM 3: 44 UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA., FLORIDA

I.	The	name of the Limited Liability Company is	3:
	GEN	MANAGEMENT, LLC	

2	The na	me and	the F	lorida	street	address	of the	registered	agent a	nd office	e are:
~.	1110 110	****			~~~~~		~ ~ ~ ~ ~				

LOUIS M. MEINERS, JR.
(Name)
200 AVIATION DRIVE, SUITE 2
Florida street address (P.O. Box NOT ACCEPTABLE)
NAPLES FL 34104
NAPLES FL 34104 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 608, F.S.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECKLIARY OF STATE TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEN MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2003.



Warriet Smith Hindson Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2822474

DATE: 12-18-03

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