# M23000012432

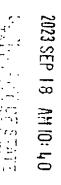
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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09/18/23--01041--010 \*\*160.00



## COVER LETTER

The enclosed "Application by Foreign Limited Liability Co	of Limited Liability Company Impany for Authorization to Transact Business in Florida," Certificat Perenced foreign limited liability company to transact business in Flo The following:
Existence, and check are submitted to register the above refundational correspondence concerning this matter to the	erenced foreign limited liability company to transact business in Flo
, , ,	he following:
Hayley Botz	
	Name of Person
NCH Registered Agent	
·	Firm/Company
4730 S. Fort Apache Rd Ste 300	
<u></u>	Address
Las Vegas, Nevada 89147	
City	/State and Zip Code
rblankenship2440@yahoo.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, please call:	
RICHARD BLANKENSHIP	850 294-5232 at ( )
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAI	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Wvoming	,	Florida, The al	ternate name must include "Limited Liabili	ity Company," "L.L.C," o
•		3		
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	J	(FEI number, i	f applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	nine penalty li	ability)	
13859 Softwind Trail N	₹.		13859 Softwind Trail N.	
et Address of Principal Office)		V	(Mailing Address)	
Jacksonville, Florida 32	2224	اِ	lacksonville, Florida 32224	
	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> ac	eceptable)	
Name:	s of Florida registered agent: (P.O. Bo NCH Registered Agent	x <u>NOT</u> ac	cceptable)	20 Se
			eceptable)	2023 SEP
Name:	NCH Registered Agent  390 North Orange Ave., Ste.2300-N  Orlando		cceptable)	2023 SEP 18 AM 10: Spanishing (5.5)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name: \_\_\_\_RICHARD BLANKENSHIP □ Manager Name: **■**Manager Address: 13859 Softwind Trail N. □Member □Member Address: Jacksonville, Florida 32224 □ Authorized ☐ Authorized Person Person □Other \_\_\_\_ □ Other Other Other Name: KAREN BLANKENSHIP Name: **■**Manager ■ Manager Address: \_\_\_\_ 13859 Softwind Trail N. ☐ Member ☐ Member Address: \_\_\_\_ Jacksonville, Florida 32224 □ Authorized □ Authorized Person Person □Other □Other\_\_\_\_\_ Other Other Name: Name: □ Manager □Manager Address: Address: ☐ Member □ Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. 9/15/22

Typed or printed name of signee

RICHARD BLANKENSHIP

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### **GENESIS HOME SOLUTIONS, LLC**

is a

#### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 8**, **2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001311533**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of August, 2023 at 2:46 PM. This certificate is assigned ID Number 064356526.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.