

PO0000062082

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:

Genesys, Inc.

(Proposed corporate name - must include suffix)

600002891346--9

-06/01/99-01131-002

*****70.00 *****70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: EUGENE NUSSEBAUM

Name (Printed or typed)

4573 NW 17TH AVENUE

Address

TAMARAC LAKES, FLORIDA 33309

City, State & Zip

C/O 609-567-1600

GAVE

Daytime Telephone number

AUTHORIZATION BY PHONE TO

CORRECT Per type App. for mailing

DATE 6-26-00

EXAM CG

FILED
00 JUN 26 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

CG
6-27-00
4



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 7, 1999

EUGENE NUSSBAUM
4573 NW 17TH E.
TAMARAC LAKES, FL 33309

SUBJECT: N S A, INC.
Ref. Number: W99000013092

We have received your document for N S A, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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) 487-6930.

Carolyn Batten
Document Specialist

Letter Number: 899A00030600



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 26, 2000

EUGENE NUSSBAUM
4573 NW 17TH AVE.
TAMARAC LAKES, FL 33309

SUBJECT: GENESWEAR, INC.
Ref. Number: W00000016321

We have received your document for GENESWEAR, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

I called and spoke with the Secretary. But she never called back. So, I am sending you New Articles.

Please return the original and one copy of 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) 487-6930.

Carolyn Gurr
Document Specialist

Letter Number: 100A00036115

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

GENESWEAR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4573 N.W. 17th Ave.
Tamarac Lakes, Florida 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

N/A

ARTICLE IV SHARES

The number of shares of stock is:

2500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

N/A

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Eugene Nussbaum
4573 N.W. 17th Ave.
Tamarac Lakes, Florida 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eugene Nussbaum
4573 N.W. 17th Ave.
Tamarac Lakes, Florida 33309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x 
Signature/Registered Agent

05-08-99

Date

x 
Signature/Incorporator

05-08-99

Date

FILED
JUN 26 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA