

P00000078428
TRANSIT LETTER

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

SUBJECT: Genderson Association, Inc.
(Proposed corporate name - must include suffix)

500003364715--2
-08/18/00--01044--022
*****87.50 *****87.50

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: Robert Lyons
Name (Printed or typed)

9403 N Armenia Ave
Address

Tampa, Fla. 33614
City, State & Zip

813 - 453-1956
Daytime Telephone number

00 AUG 18 PM 2:17
RECEIVED
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation Shall be:
Gendason Association, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
14017 Wolcott Dr.
Tampa, Florida 33624

ARTICLE III SHARES


The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
50 shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

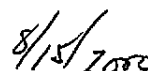
The name and Florida street address:
Robert Lyons
8635 Leighton Dr.
Tampa, Florida 33614

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Steven Gendason
14017 Wolcott Dr.
Tampa, Florida 33624



Signature/Incorporator



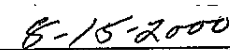
Date

(An additional article must be added if an affective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation 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 status 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



Signature/Registered Agent



Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 AUG 18 PM 2:17

APPROVED
AND
FILED