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TRANSMITTAL LETTER

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

FILED
00 SEP 14 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: GENESIS INSURANCE SERVICES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: EDDY RAMIREZ
Name (Printed or typed)

P.O. Box 5537
Address

TAMPA, FL 33675
City, State & Zip

(813) 247-6966
Daytime Telephone number

CELL: (813) 404-7933

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*****78.75 *****78.75

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

9-15
WCC

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:

GENESIS INSURANCE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 5537
TAMPA, FL 33675

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF INSURANCE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): EDDY RAMIREZ (PRESIDENT)
2407 THRACE ST
TAMPA, FL 33605

ARTICLE VI REGISTERED AGENT

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

EDDY RAMIREZ
2407 THRACE ST
TAMPA, FL 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDDY RAMIREZ
2407 THRACE ST
TAMPA, FL 33605

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

Eddy Ramirez
Signature/Registered Agent EDDY RAMIREZ

9.13.00
Date

Eddy Ramirez
Signature/Incorporator EDDY RAMIREZ

9.13.00
Date

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