

**P04000107845**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

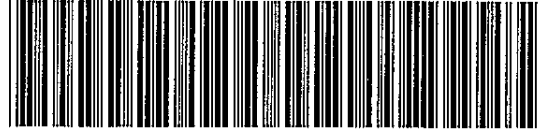
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_ /

Special Instructions to Filing Officer:

Office Use Only



**200039334452**

07/21/04--U1077--003 \*\*78.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL 21 PM 2:13

RECEIVED  
04 JUL 21 PM 2:03  
FILE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Genesis Non Medical 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:

Priscilla M. Johnson  
Name (Printed or typed)

P.O. Box 5374  
Address

Tallahassee, FL 32314  
City, State & Zip

(850) 519-0960  
Daytime Telephone number

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

# 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 Non Medical Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 5374  
Tallahassee FL 32314

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO EXPAND / OFFER SERVICE  
to the Bid Band area etc.

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Priscilla M. Johnson - C.E.O  
8130 Pine Oak Rd  
Tallahassee, FL 32314

## ARTICLE VI REGISTERED AGENT

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

Priscilla M. Johnson  
8130 Pine Oak Rd.  
Tall FL 32305

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Priscilla M. Johnson  
8130 Pine Oak Rd Tall FL 32305

\*\*\*\*\*

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

Priscilla M. Johnson  
Signature/Registered Agent

July 21, 2004  
Date

Priscilla M. Johnson  
Signature/Incorporator

July 21, 2004  
Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 JUL 21 PM 2:13