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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
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ALIDATION

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City State ZIP Phone

SECRETARY OF STATE

CORPORATION(S) NAME

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_			
Profit			
) NonProfit	() Amendment	() Marger
) Foreign	() Dissolution	() Mark
) Limited Partnership	() Annual Report	() Other
) Reinstatement	() Reservation	() Change of Registered Agent
Certified Copy	() Photo Copies	() Certificate Under Seal
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W.P. Verifier

ARTICLES OF INCORPORATION

of

		OI.			
Genes	sis As	surance F	arthers	Inc.	
	(name of corporation)		,	
The undersigned subscriber(s) to the corporation under the laws of the S		Incorporation, natural per	rson(s) competent	to contract, here	eby form a
	ARTIC	LE I - CORPORATE NAM	ME		
The name of the corporation is:			_		
Ge	enesis	Assurance	Partner	rs In	C ,
			<u>-</u> "		=
	AR	TICLE II - DURATION			O6 JAN SCORE
This corporation shall exist perpeti	ally unless diss	olved according to Florid	a law.		JAN 23 CRETARY THASSET
					- ^그 유 - 글
	AR	RTICLE III - PURPOSE			I:I
The corporation is organized for th United States and the State of Flor		gaging in any activities of	r business permitt	ed under the law	s of the
	ARTI	CLE IV- CAPITAL STOC	CK		
	,	1.		الم ميا	(.
The corporation is authorized to is Dollar(s) (\$) par	sue <u>OR e</u> r value Commor	Stock, which shall be do	esignated "Comm	on Shares".	<u>15^</u>
ART	TICLE V - INITIA	AL REGISTERED OFFI	CE AND AGENT		
The street address of the Initial Re	gistered Agent (office and the name of the	Initial Registered	I Agent at that o	office is:
NAME Eggans 1	<u>/11, </u>		· · · · · · · · · · · · · · · · · · ·		
	erby Tra	(*)			
crry Wellington	, , , , , ,	FLORIDA	<u> </u>	Z	JP33414
<u> </u>				<u></u>	
The principal office, if known, or	the mailing addr	ress of the corporation is:			
NAME EUGENE	-Villa				
ADDRESS 1918 I	Jarby T	nil			·····
city Wellington	f 1	FLORIDA		Z	SIP 33414

ARTICLE VI - INITIAL BOARD OF DIRECTORS

JAN 23 PM |

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Genesis	Assurance	Partners	Inc.
(name of corporation)	···	,

Pursuant to Flo	ida Statutes Sections 48.091 and 607.0501, the following is submitted:	₹ _S
The above corp	oration, desiring to organize under the laws of the State of Florida with	L L
its registered of	ice as indicated in the Articles of Incorporation	CRETARY
at	1918 Derby Trail	주 아 S
AL 40	Wellington FL 33414	. 0PI
has named	Eugane VIlla	
located at the a	oresaid address, as its Registered Agent to accept service of process w	vithin
this state.		

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)