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(Requestor's Name)		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	·	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	Genius Rox Corp.			
	(PRÖPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original	ginal and one (1) copy of the artic	eles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: R	oxana Este			
	Name (Printed or typed)		
2842 Pine Tree Drive #6				
	A	ddress		
	Miami Beach, Florida 331			
	City, S	State & Zip		
	305-674-8657			
	Daytime Te	lephone 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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Genius Rox Corp.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2842 Pine Tree Drive #6 Miami Beach, FL 33140

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

For profit

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Roxana Este -President - 2842 Pine Tree Drive #6. Miami Beach, Florida 33140 Iliana Garcia - Treasurer- 3550 N. E. 169 Street # F211. North Miami Beach, Florida 33160

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Roxana Este - 2842 Pine Tree Drive # 6. Miami Beach, Florida 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Iliana Garcia - 3550 N.E 169 Street #F211 North Miami Beach, Florida 33160