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(Business Entity Name)

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DIVISION OF CORPORATIONS
08 FEB -6 PM 3:54

2/1/08

COVER LETTER

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DIVISION OF CORPORATIONS

08 FEB -6 PM 3:54

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

SUBJECT: Genesis Insurance Agency, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Michael A Rodriguez
Name (Printed or typed)

4134 4th Ave N
Address

Saint Petersburg, FL 33713
City, State & Zip

(727) 643-5733
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS

08 FEB -6 PM 3:54

January 28, 2008

MICHAEL A. RODRIGUEZ
4134 4TH AVENUE N
ST. PETERSBURG, FL 33713

SUBJECT: GENESIS INSURANCE AGENCY, INC.
Ref. Number: W08000004598

We have received your document for GENESIS INSURANCE AGENCY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 808A00005769

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 Agency ~~INC~~
& Financial Services, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Michael A Rodriguez
4134 4th Ave N
Saint Petersburg, FL 33713

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

~~TO Sell general line insurance~~
Any and All Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael A Rodriguez
4134 4th Ave N
Saint Petersburg, FL 33713

Title(s)

- 1) Director, Ceo, President
- 2) Treasurer
- 3) Secretary

All three OFFicers are under One Person
and thats Michael A Rodriguez.

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DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

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

Michael A Rodriguez
4134 4th AVE N
Saint Petersburg, FL 33713

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Michael A Rodriguez
4134 4th AVE N
Saint Petersburg, FL 33713

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

Michael Rodriguez
Signature/Registered Agent

1-25-08
Date

Michael Rodriguez
Signature/Incorporator

1-25-08
Date

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DIVISION OF CORPORATIONS
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