POBDOU	127484
(Requestor's Name) (Address) (Address)	000119785410
(City/State/Zip/Phone #)	03/14/0801035018 **87.50
(Document Number) tified Copies Certificates of Status pecial Instructions to Filing Officer:	FILED D8 MAR 14 PH 3: 37 DEDRETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only 314	

COVER LETTER

8

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

NeuGenesis Financial Services Corporation SUBJECT: (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

1 \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

Olivia L. Crawford FROM: Name (Printed or typed) See a to `P.O. Box 1174 Address Gainesville, FL 32602-1174 City, State & Zip 386-951-4784

Daytime Telephone number

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

ARTICLES OF INCORPORATION Of NeuGenesis Financial Services Corporation

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit). The undersigned organizer(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation (hereinafter called the corporation) shall be NeuGenesis Financial Services Corporation.

ARTICLE II - PRINCIPAL OFFICE

The address of the principal office of the corporation shall be 106 SE 11th Street, Gainesville, Florida 32641 The mailing address of the corporation shall be P.O. Box 1174, Gainesville, Florida 32602-1174

ARTICLE III - PURPOSE (S)

The purpose of which the corporation is organized shall include but not be limited to the following purpose(s):

To engage in lawful financial management business practices as allowed by Chapter 607, *Florida Statues*, as it now exists or is subsequently amended or superseded; to do and perform such acts and to have such powers as shall be desirable and necessary in the furtherance of any of the powers that are not in derogation of the laws of the State of Florida.

ARTICLE IV - EFFECTIVE DATE AND DURATION

The effective date of the Corporation is March 10, 2008. The period of duration is perpetual.

ARTICLE V - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 (one hundred) shares.

ARTICLE VI - CLASS OF SHARES

The class of stock of the corporation is common stock of \$1.00 par value.

မ္မာ ယ

ARTICLE VII - INITIAL OFFICERS AND/OR DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is one (1). The name and address of the initial director is:

Olivia L. Crawford, President/Director P.O. Box 1174 Gainesville, FL 32602-1174

ARTICLE VIII - REGISTERED AGENT

The name and address of the initial registered agent is:

Olivia L. Crawford, 106 SE 11th Street Gainesville, FL 32641

ARTICLE IX - INCORPORATOR (S)

The name and address of the incorporator to these Articles of Incorporation is:

Olivia L. Crawford P.O. Box 1174 Gainesville, FL 32602-1174

ARTICLE X - BYLAWS

The Bylaws of this corporation are to be made, altered and rescinded by the Directors of the corporation.

ARTICLE XI - AMENDMENTS TO ARTICLES

These Articles of Incorporation may be amended by the act of the Directors of the Corporation. Such amendments may be proposed and adopted in the manner provided in the Bylaws of the corporation.

The undersigned incorporator have executed these Articles of Incorporation this 10th day of March, 2008.

Crawford

Signature/Incorporator

12008

Page 2 of 3

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607, florida statues, the undersigned corporation, organized under the laws of the state of florida, submits the following statement in designating the registered office/registered agent, in the state of florida.

- The name of the corporation is: 1. NeuGenesis Financial Services Corporation
- 2. The name and address of the registered agent and office is:

Olivia L. Crawford 106 SE 11th Street Gainesville, FL 32641

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.

Signature/Registered Agent

t į.