

# P08099974794

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#### **COVER LETTER**

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

SUBJEC	r: <u>Genesi</u>	'S TRAVEL AGENCY, CORP. (PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>.ude suffix</u> )	
	are an origi \$70.00	nal and one (1) copy of the artic	cles of incorporation and	l a check for:	
		Filing Fee	Filing Fee	Filing Fee,	
	-	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
				Status	
	ADDITIONAL COPY REQUIRE				
FJ	ROM: JA\	/IELA QUINTERO			
		Name (	(Printed or typed)		
	-	1849 SOUTH OCEAN DRIVE AP	PT # 1504 Address		
		,	Address		
	<u>.</u>	HALLANDALE BEACH, FL. 3300			
		City,	State & Zip		
	<u>.</u>	305-519-3857			
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:

GENESI'S TRAVEL AGENCY, CORP.

#### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1849 SOUTH OCEAN DRIVE APT # 1504 HALLANDALE BEACH ,FL. 33009

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TRAVEL AGENCY

#### ARTICLE IV SHARES

The number of shares of stock is: 500

#### <u>ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS</u>

List name(s), address(es) and specific title(s): JAVIELA QUINTERO (PD) 1849 SOUTH OCEAN DRIVE APT # 1504 HALLANDALE BEACH, FL. 33009

#### ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: JAVIELA QUINTERO (PD)
1849 SOUTH OCEAN DRIVE APT # 1504
HALLANDALE BEACH, FL. 33009

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAVIELA QUINTERO 1849 SOUTH OCEAN DRIVE APT # 1504 HALLANDALE BEACH ,FL. 33009

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

Signature/Incorporator

Date

Date

SECRETAR OF STATE

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