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(Re	equestor's Name))
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PICK-UP	☐ WAIT	MAIL
, (Bı	usiness Entity Na	me)
(Ďo	ocument Number)
Certified Copies	_ Certificate	s of Status <u> (</u>
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COVER LETTER

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

SUBJECT: Genuine Proc	ess Servi	ice, Inc.	
(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED		
9561 Fontai Miami, FL City, S 305-345-069 Daytime Te Mercedes Oliva	Printed or typed) Nebleau B ddress 33172 State & Zip Plephone number DA++ Ne for future annual report re		

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

please file second.

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern,

On November 4, 2009 I submitted my articles of Incorporation for Genuine Process Service, Inc Document #: N09000010712. Today I have become aware that this corporation was set up as a Non-Profit. This was an error on my behalf. Genuine Process Service, Inc. is a Profit Corporation. I have attached Articles of Dissolution for a Non-Profit Corporation. Please file the Articles of Dissolution first. I voluntarily wish to dissolve this corporation and have no intentions of revoking the dissolution. I have also attached the Articles of Incorporation for Genuine Process Service, Inc. Please file this second. I wish to keep my business name as Genuine Process Service, Inc. Thank you for your assistance in this matter.

Kindly,

Mercedes Oliva, President Genuine Process Service, Inc. 9561 Fontainebleau Blvd #508

Miami, FL 33172

Email: mercedesoliva@att.net

Phone: 305-345-0692

SECRETARY OF STATE ON SECRETARY OF CORPORATIONS OF CORPORATIONS

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SE SIVIG
ARTICLE I NAME The name of the corporation shall be:	OS NOV -9
Genuine Process Service, Inc.	ORPORA PH 2:
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 9561 Fon+ainebleau Blvd. #508 Miami, FL 33172	RATIONS 2: 26
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To provide excellent process service to our che in the most efficient and effective manne <u>ARTICLE IV</u> <u>SHARES</u> The number of shares of stock is:	ents W.
100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Mercedes Oliva, President 9561 Formainebleau Blva #508 Miami, FL 33172 Miami, FL	2 terr.
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Mercedes Oliva 9561 Fontaine Heau Blvd #508 Miami, FL 33172	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Mercedes Oliva ascal Fontaine bleau Blvd #508	
Miami, FL 33172 ************************************	
Having been named as registered agent to accept service of process for the above stated corpor place designated in this certificate, I am familiar with and accept the appointment as registered agree to act in this capacity	ration at the
Mercidia Oliva 11/5/09	
Signature/Registered Agent New Oliva 11509	
Signature/Incorporator Date	