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J. Shivers MAR 04 2011

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: GENE GENE 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: GENE O'Neil  
Name (Printed or typed)

901 SE 32 ST.  
Address

Cape Coral, FL 33904  
City, State & Zip

239-549-3358  
Daytime Telephone number

CHCT Family @ Hot Mail. Com  
E-mail address: (to be used for future annual report notification)

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

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**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: GENE GENE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

901 SE 32 ST  
Cape Coral, FL 33904

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Corp. For Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GENE O'NEIL Dir.  
Address: 519 91 Ave  
Naples, FL 34108

Name and Title: Anthony Krolczyk Dir.  
Address: 901 SE 32 ST  
Cape Coral FL 33904

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: GENE O'NEIL  
Address: 901 SE 32 ST  
Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony Krolczyk  
Address: 901 SE 32 ST  
Cape Coral, FL 33904

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

Gene O'Neil  
Required Signature/Registered Agent

3/1/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony Krolczyk  
Required Signature/Incorporator

3/1/11  
Date

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