

PI1000040219

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

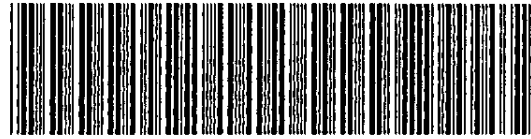
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000203663400

04/26/11--01005--010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 26 PM 3:12

APPROVED  
AND  
FILED

1/H

## COVER LETTER

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

SUBJECT: Genius Waitress, 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: Elisabeth Gates  
Name (Printed or typed)

300 5th Ave S. #202  
Address

Naples FL 34102  
City, State & Zip

919-260-4160  
Daytime Telephone number

elisabeth@advisorrentals.com  
E-mail address: (to be used for future annual report notification)

**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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be:

Genius Waitress, Inc

11 APR 26 PM 3:12

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

300 5th Ave S #202  
Naples FL 34102

Mailing address if different is STATE  
SARASOTA FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

for profit  
any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

1 million (one million)

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

Name and Title: Elisabeth Gates- Pres.  
Address: 300 5th Ave S #202  
Naples FL 34102

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

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:

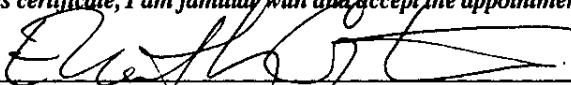
Name: Elisabeth Gates  
Address: 300 5th Ave S #202  
Naples FL 34102

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elisabeth Gates  
Address: 300 5th Ave S #202  
Naples FL 34102

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

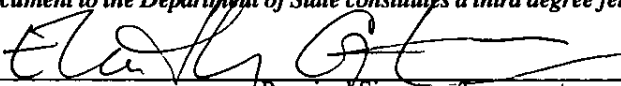


Required Signature/Registered Agent

4/5/11

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.



Required Signature/Incorporator

4/5/11

Date