

P11000099073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

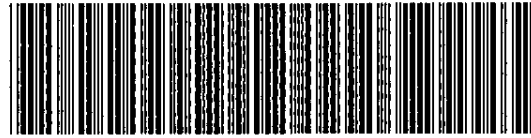
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2011 NOV 15 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 17 2011

COVER LETTER

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

SUBJECT: GeneDelivery, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: James A. McNulty, CPA

Name (Printed or typed)

324 South Hyde Park Avenue, #350

Address

Tampa, Florida 33606

City, State & Zip

813-864-2557

Daytime Telephone number

mbrown@bdsi.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)

ARTICLE I NAME

The name of the corporation shall be: GeneDelivery, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
324 S. Hyde Park Avenue
Suite 350
Tampa, Florida 33606

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal and lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>James A. McNulty, CFO</u>	Name and Title: <u>Francis E. O'Donnell, Jr., CEO</u>
Address: <u>324 S. Hyde Park Avenue</u>	Address: <u>324 S. Hyde Park Avenue</u>
<u>Suite 350</u>	<u>Suite 350</u>
<u>Tampa, Florida 33606</u>	<u>Tampa, Florida 33606</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

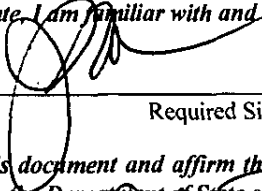
Name: James A. McNulty
Address: 324 S. Hyde Park Avenue, Suite 350
Tampa, Florida 33606

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James A. McNulty, CPA
Address: 324 S. Hyde Park Avenue, Suite 350
Tampa, Florida 33606

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

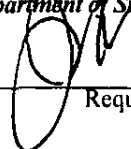


Required Signature/Registered Agent

11/7/11

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

11/7/11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA