

P12000067142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

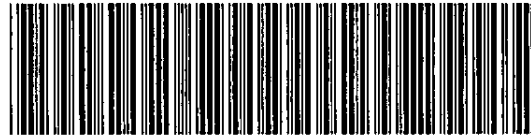
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG - 1 PM 1:40

Ps *[Signature]*

COVER LETTER

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

SUBJECT: GENESSEE FINANCIAL FL, 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: VICTOR H. PRASCO

Name (Printed or typed)

9191 BROADWAY

Address

MERRILLVILLE, IN 46410

City, State & Zip

219-769-1313

Daytime Telephone number

prasco@bcclegal.com

E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME GENESSEE FINANCIAL FL, INC.
The name of the corporation shall be:

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ARTICLE II PRINCIPAL OFFICE

Principal street address
1170 GULF BLVD # 2006
C/O JAMES THOMAS
CLEARWATER, FL 33767

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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 THOMAS
Address: 1170 GULF BLVD # 2006
CLEARWATER, FL 33767

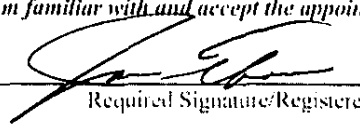
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR H. PRASCO
Address: 9191 BROADWAY
MERRILLVILLE, IN 46410

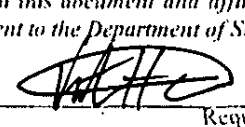
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X


Required Signature/Registered Agent

7-20-12
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

7/23/12
Date