

P130000034466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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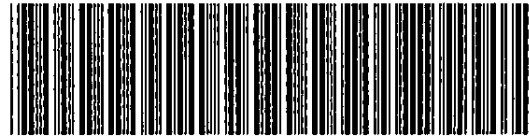
(Business Entity Name)

(Document Number)

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8

## COVER LETTER

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

SUBJECT: **GENMART & ASSOCIATES 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: **MARCIA HACKSHAW**

Name (Printed or typed)

**8225 SUNRISE LAKES BLVD 38-309**

Address

**SUNRISE FL. 33322**

City, State & Zip

**954-667-2370**

Daytime Telephone number

**marcia.hackshaw@comcast.net**

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:

**GENMART & ASSOCIATES INC.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**8225 SUNRISE LAKES BLVD. 38-309**

**SUNRISE FL. 33322**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**For a work at home business**

**partnering with ARISE as a Client Service Professional.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **Marcia Hackshaw -President**

Name and Title: **N/A**

Address **8225 Sunrise Lakes Blvd. 38-309**

Address:

**Sunrise Fl. 33322**

Name and Title: **N/A**

Name and Title: **N/A**

Address

Address:

Name and Title: **N/A**

Name and Title: **N/A**

Address

Address:

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marcia Hackshaw  
Address: 8225 Sunrise Lakes Blvd. 38-309  
Sunrise Fl. 33322

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marcia Hackshaw  
Address: 8225 Sunrise Lakes Blvd. 38-309  
Sunrise Fl. 33322

*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*

Marcia Hackshaw  
Required Signature/Registered Agent

4/9/13  
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.*

Marcia Hackshaw  
Required Signature/Incorporator

4/9/13  
Date

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