# P1300042705

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		į		

Office Use Only

2644-W13000020749



100246259301

04/08/13--01016--007 \*\*78.75

13 MAY 13 PH 4: 48

SECRETARY OF STATE

5/14/13

#### **COVER LETTER** -

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

SUBJECT: GEI	NUINE FINANCE (PROPOSED CORPORA	E SERVICES, TE NAME – MUST INCL	CORP.
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	Jose R. Garcia  Name (Printed or typed)  16025 nw 64 ave ste 210  Address		
	Miami Lakes FI 33014  City, State & Zip  305-260-5552		

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

Daytime Telephone number

lucas40jrg@aol.com

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



## RECEIVED 13 HAY 13 PH 1: 25

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

MAISION OF COMPONATIONS

April 22, 2013

JOSE R. GARCIA 16025 NW 64TH AVENUE SUITE 210 MIAMI LAKES, FL 33014

SUBJECT: GENUINE FINANCIAL SERVICES OF FLORIDA, CORP.

Ref. Number: W13000020749

We have received your document for GENUINE FINANCIAL SERVICES OF FLORIDA, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 013A00009656

SECRETARY OF STATE DIVISION OF CORPORATIONS



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 9, 2013

JOSE R. GARCIA 16025 NW 64TH AVENUE SUITE 210 MIAMI LAKES, FL 33014

SUBJECT: GENUINE FINANCIAL SERVICES, CORP.

Ref. Number: W13000020749

We have received your document for GENUINE FINANCIAL SERVICES, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 113A00008385

APR 19 PM 1: 16

SÉCRETARY OF STATE
DIVISION OF CORPORATIONS

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

FILED SECRETARY OF STATE SECRETARY OF CORPORATIONS

	CIPAL OFFICE		13 HAY 13
	Principal <u>street</u> address 4 ave ste 210	M	ailing address, if different is:
		<del></del>	<del> </del>
ni Lakes F	1, 33014		
	·	<del></del>	
<b>LE III PURF</b> pose for which th	<u>POSE</u> e corporation is organized is:	ide Profess	ional service to the
	ales & fionancing.		
	, , , , , , , , , , , , , , , , , , ,		
		<del> </del>	
			<del></del>
LE IV SHA	RES 100		
<b>LE IV SHA</b> aber of shares of s	RES tock is:		
	RES tock is: IAL OFFICERS AND/OR DIRECTOR:		
LE V INIT	IAL OFFICERS AND/OR DIRECTOR		
LE V INIT	<i>IAL OFFICERS AND/OR DIRECTOR</i> Jose R. Garcia. President	Name and Title:_	
LE V INIT	IAL OFFICERS AND/OR DIRECTOR	Name and Title:_	
LE V INIT	<i>IAL OFFICERS AND/OR DIRECTOR</i> Jose R. Garcia. President 16025 nw 64 ave ste 210	Name and Title:_	
LE V INIT	<i>IAL OFFICERS AND/OR DIRECTOR</i> Jose R. Garcia. President 16025 nw 64 ave ste 210	Name and Title:_	
LE V INIT  Name and Title:  Address	<i>IAL OFFICERS AND/OR DIRECTOR</i> Jose R. Garcia. President 16025 nw 64 ave ste 210	Name and Title:_ Address:	
Name and Title:	Jose R. Garcia. President 16025 nw 64 ave ste 210 Miami Lakes FI, 33014	Name and Title:_ Address:  Name and Title:_	
LE V INIT  Name and Title:  Address	Jose R. Garcia. President 16025 nw 64 ave ste 210 Miami Lakes FI, 33014	Name and Title:_ Address:  Name and Title:_	
Name and Title:	Jose R. Garcia. President 16025 nw 64 ave ste 210 Miami Lakes FI, 33014	Name and Title:_ Address:  Name and Title:_	
Name and Title:	Jose R. Garcia. President 16025 nw 64 ave ste 210 Miami Lakes FI, 33014	Name and Title:_ Address:  Name and Title:_	
Name and Title: Address  Name and Title: Address	Jose R. Garcia. President 16025 nw 64 ave ste 210 Miami Lakes FI, 33014	Name and Title:_ Address:  Name and Title:_ Address:	
Name and Title: Address  Name and Title: Address	Jose R. Garcia. President 16025 nw 64 ave ste 210 Miami Lakes FI, 33014	Name and Title:_ Address:  Name and Title:_ Address:  Name and Title:_	

Name and '	l'itle:	Name and Title:
. Address		Address:
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of Jose R. Garcia	the registered agent is:
Name:		
Address:	16025 nw 64th ave ste. 210	SEI VISI
_	Miami Lakes FI 33014	A SHE
	INCORPORATOR  ress of the Incorporator is:	ECHETARY OF STATE SION OF CORPORATIO MAY 13 PM 4: 48
Name:	Jose R. Garcia	17ATI 118TI
Address:	16025 nw 64th ave ste. 210	SS
	Miami Lakes Fl 33014	
	n familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity  04/04/2013
Required Signature/Rogistered Agent		Date
	nent and affirm that the facts stated herein are to partment of State constitutes a third degree follows Required Signature/Incorporator	rue. I am aware that the false information submitted in a provided for in s.817.155, F.S.  04/04/2013  Date