

P14 0000 44208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

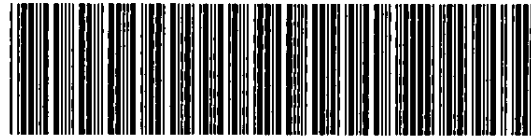
(Document Number)

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

Special Instructions to Filing Officer:

W14-25553

Office Use Only



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04/21/14--01013--016 \*\*70.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2014 MAY 16 AM 9:20

1/4

## COVER LETTER

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

SUBJECT: Genta Promotion Business 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Laura Suescun  
Name (Printed or typed)  
9420 SW 169 ST  
Address  
Miami, FL 33157  
City, State & Zip  
786-389-4606  
Daytime Telephone number  
jeffreylaura3@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2014

LAURA SUESCUN  
9420 SW 169 ST  
MIAMI, FL 33157

SUBJECT: GENTA INC  
Ref. Number: W14000025553

We have received your document for GENTA INC and your check(s) totaling \$70.00. 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.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00008606

**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: Genta Promotion Business Inc

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2014 MAY 16 11:08:20  
Mailing address, if different is:

9420 SW 169 St

Miami, FL 33157

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES 1**

The number of shares of stock is: 1

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

Name and Title: Laura Suescun - President Name and Title: \_\_\_\_\_

Address 9420 SW 169 St Address: \_\_\_\_\_

Miami, FL 33157 \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2014 MAY 16 8:20

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: Laura Suescun  
Address: 9420 SW 169 St  
Miami, FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Laura Suescun  
Address: 9420 SW 169 St  
Miami, FL 33157

*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

5/8/14  
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

5/8/14  
Date