

P/4000065399

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000185058 3)))



H140001850583ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP DSA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
EDUGENESIS, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Handwritten signature and date: 08/06/14

RECEIVED

14 AUG -5 PM 6:50

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

14 AUG -5 AM 11:27

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

4

H140008505E

COVER LETTER

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

SUBJECT: EDUGENESIS, 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: EDUGENESIS, LLC
Name (Printed or typed)

2334 WESTON RD. #110
Address

WESTON, FL 33326
City, State & Zip

954-5935175
Daytime Telephone number

MSLL@EDUGENESIS.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, P.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: EDUGENESIS, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

2334 WESTON RD. #110
WESTON, FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELANGELO SOMMARUGA
Address: 2334 WESTON RD. # 110
WESTON, FL 33326

Name and Title: PRESIDENT
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

FILED
11 AUG -5 AM 11:27
SERRAVALLO STATE
TALLAHASSEE FLORIDA

(cont.)

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: JOHN L ABITANTE CPA, P.A
 Address: 12401 ORANGE DR, SUITE 100C
DAVIE, FL 33330

FILED
 14 AUG -5 AM 11:27
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JOHN L ABITANTE CPA, P.A
 Address: 12401 ORANGE DR. SUITE 100C
DAVIE, FL 33330

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 hereby accepting the appointment as registered agent and agree to act in this capacity

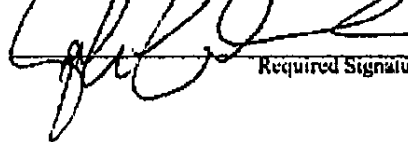


 Required Signature/Registered Agent

08/05/2014

 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

08/05/2014

 Date

414000185058