600096303

(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: We have No Intendeur on Reinstatung # 213000136963
Office Use Only



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NHK 88 34 - PS

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00	SUBJECT: Genie Boy	É Associates Inc.	
FROM: Syno.00 Syno.75 Filing Fee Filing Fee & Certificate of Status From: Syno.75 Filing Fee & Filing Fee & Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Syno.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Syno.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status Address Address Monticelly Florida 32344 850 321-6673	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Filing Fee & Certificate of Status Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: 935 Branch Street Address Monticello Florida 32344 850 321-6673	Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
Name (Printed or typed) 935 Branch Street Address Monticello Florida 32344 850 321-6673	Filing Fee Filing Fee	Filing Fee, & Certified Copy Certified Copy & Certificate of Status	
Daytime Telephone number			

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

Il, Eugene C. Hall have no intentions of Feinstating Genie Boy & Associates, LLC DOC# L13000136963 And I release the name.

Ingen F. Hall 12/2/2014

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: PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Name and Title: Name and Title: Address Address: Name and Title! Name and Title: Address Address: Name and Title: Name and Title: Address

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acc	entable) of the registered agent is:
Name:	Tall of A
Address:	mch Street
Monticel	lo, Florida 32344
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	\sim 11 11
Name: Euge	ne C. Hall,
Address: 935B	RAnch Street
Montic	ella Florida 32344
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment.	of process for the above stated corporation at the place designated in nent as registered agent and agree to act in this capacity
111 2 1 11	7 12/2/2014
Required Signature/Registered A	Agent Date
I submit this document and affirm that the facts stated he document to the Department of State constitutes a third def	erein are true. I am aware that the false information submitted in a gree felony as provided for in s.817.155, F.S.
Juge T. F. M. Required Signatule/Incorporal	12/2/2014
Slloative Nato	00/01/2015
THECHNE MUN	1/2010