P15000025519

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
	•		

Office Use Only



300269594183

03/13/15--01008--001 **/0.00

SECRETARY OF STATE ALLAHASSEE, FLORID

3/90

COVER LETTER

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

SUBJECT:	GENEVA PROPOSED CORPO	ENTIES (O	RLANDO) IN
	(PROPOSED CORPO	RATE NAME – <u>MUST</u>	INCLUDE SUFFIX)
Enclosed are an o	original and one (1) copy of the	articles of incorporation	on and a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Co	Certified Copy & Certificate of Status
		ADDITIONA	L COPY REQUIRED
FROM: _	SIMON	ブ . HモYω o ame (Printed or typed)	ATY DAVIS
	275	SYLVAN	BLUD
_		Address	
	WINTER	PARK	FC 32789
	C	ity, State & Zip	
	407 -	491 - 997	1-8
_	Daytim	e Telephone number	
	RARON AT	HENRY C C	S COM
	F-mail address: (to be	used for future annual r	enort potification)

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 corporatio	n shall be: GENEVA	PROTENTIES (ORLAND	o) INC
	incipal street address		s, if different is:
·	VAN BLY		
WINTE	R PARK	_	
FL	32789		
ARTICLE III PURPO			
•	corporation is organized is:	QUISITION & MAI	N AGEMENT
			. 79
			2015 380 380
			EAR 13
	al officers and/or di	RECTORS ORTH DANS Title:	PN 3: 26
	Z75 SYLVA		
Address	WINTER PAR	•	
_ _	FL 32	•	
Name and Title:		Name and Title:	
Address		Address:	
_			
Name and Title:		Name and Title:	
Address		Address:	

Name and ?	itle:		Name and Title:	
Address			_ Address:	
	REGISTERED AGENT da street address (P.O. Box	NOT acceptable) o	f the registered agent is	s:
Name:	SIMON J HEY	1 HTSOW	AVLS	
Address:	275 SYLVA	N BLD	_	
-	UINTER P	ann fc	32789	
ARTICLE VII	NCORPORATOR			
The <u>name and addi</u>	ess of the Incorporator is:			
Name:	SIMON J H			
Address:	275 SX	VAN BLU)	_	
	WINTER /	PARY FL	32789	
Having been named his certificate, I am	as registered agent to accept familiar with and accept the	ot service of process appointment as reg	s for the above stated a gistered agent and agr	corporation at the place designated in ree to act in this capacity
	Required Signature/Re	egistered Agent		MARCH 11 15
		-	true. I am aware tha	t the false information submitted in a
submit this docum locument to the De	artment of State constitutes	a third degree felon	y as provided for in s.	817.155, F.S.
submit this docify document to the De	driment of State constitutes	a third segree felon	y as provided for in s. -	817.155, F.S. MANCH 11 /5 Date