

03/08/2033

P15000037759

#2007 P.002 04

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H15000100718 3)))



H150001007183ABOX

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Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
GENESIS MD. CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

1/4



April 27, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: GENESIS MD. CORP.  
REF: W15000029311

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the address for the Registered Agent and Incorporator.

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

Valerie Herring  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H15000100718  
Letter Number: 215A00008486

15 APR 27 PM 4:21

H15000100718

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

15 APR 27 AM 11:04

**ARTICLE I NAME:** The name of the corporation is:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Genesis MD. Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10103 NW 52 Terr Doral  
FL 33178

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

President : Antonio D. Cortes  
VP. : Raul Perez

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Antonio D. Cortes  
10103 NW 52 Terr  
Doral FL 33178

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Antonio D. Cortes  
10103 NW 52 Terr  
Doral FL 33178

H15000100718

03/08/2033 01:49

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#2257 P.004/004


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TALLAHASSEE, FLORIDA

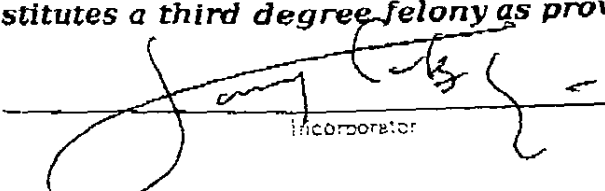
Required Signatures:

**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**

  
\_\_\_\_\_  
Registered Agent

4/24/15  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Incorporator

4/24/15  
\_\_\_\_\_  
Date

H15000100718