

P16000020119

(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:

P

Office Use Only



000282631840

02/26/16--01022--020 **70.00

FILED
16 FEB 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-0476
3

COVER LETTER

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

SUBJECT: Gene Team, 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: Jennifer L. Gene

Name (Printed or typed)

1991 Haydn Dr.

Address

Boca Raton, Florida 33498

City, State & Zip

303-941-6736

Daytime Telephone number

jenngenerealtor@gmail.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, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Gene Team, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

10991 Haydn Dr.

Boca Raton, Florida 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate sales, investments, management and all other legal matters relating to real estate.

ARTICLE IV SHARES

The number of shares of stock is: 1000

FILED
16 FEB 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer L. Gene, Pres. & Secretary

Name and Title: _____

Address 10991 Haydn Dr.

Address: _____

Boca Raton, Florida 33498

Name and Title: Benjamin J. Gene, V.P. & Treasurer

Name and Title: _____

Address 10991 Haydn Dr.

Address: _____

Boca Raton, Florida 33498

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Benjamin J. Gene
Address: 10991 Haydn Dr.
Boca Raton, Florida 33498

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jennifer L. Gene
Address: 10991 Haydn Dr.
Boca Raton, Florida 33498

FILED
16 FEB 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

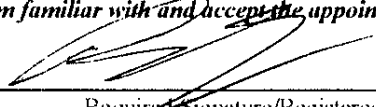
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

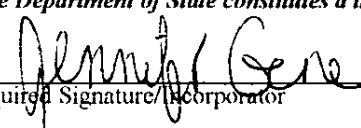
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

BC  _____ 2/10/16
Required Signature/Registered Agent 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.

JG  _____ 2/10/16
Required Signature/Incorporator Date