

P 18000074832

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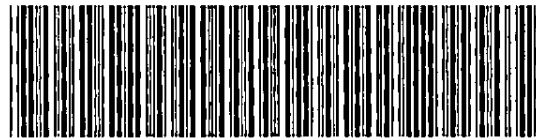
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SEP 05 2018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP -4 AM 11:00

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2018

JAMES L SMITH
8421 SW 209TH CT
DUNNELLON, FL 34431

SUBJECT: GENESIS DEVELOPMENT, INC.
Ref. Number: W18000074791

1st *1st Genesis Development, Inc.*

We have received your document for GENESIS DEVELOPMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Keyna E Page
Regulatory Specialist II -

Letter Number: 518A00017061

2018 SEP -4 PM 4:52
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: GENESIS DEVELOPMENT, 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: JAMES L. SMITH
Name (Printed or typed)

8421 SW 209TH CT.
Address

DUNNELLON, FL. 34431
City, State & Zip

804-400-4396
Daytime Telephone number

JSMITH226@Comcast.NET
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: 1ST. GENESIS DEVELOPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8421 SW 209TH CT

Mailing address, if different is:

DUNNELLON, FL 34431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE ~~THE~~ FINANCIAL SERVICES TO INTERESTED PARTIES.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES L. SMITH, PRES Name and Title: ALMA J. SMITH, TREAS.
Address: 8421 SW. 209TH CT. Address: 8421 SW 209TH CT.
DUNNELLON, FL 34431 DUNNELLON, FL 34431

Name and Title: ALMA J. SMITH VP. Name and Title: _____
Address: 8421 SW 209TH CT. Address: _____
DUNNELLON, FL 34431

Name and Title: JAMES L. SMITH, SECRET. Name and Title: _____
Address: 8421 SW 209TH CT. Address: _____
DUNNELLON, FL 34431

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SEP-4 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JAMES L. SMITH
Address: 8421 SW 209TH CT
DUNNELLON, FL 34431

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES L. SMITH
Address: 8421 SW 209TH CT.
DUNNELLON, FL 34431

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Aug 1, 2018 (OPTIONAL)

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

James L. Smith
Required Signature/Registered Agent

08-15-18
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.

James L. Smith
Required Signature/Incorporator

08-15-18
Date