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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : I20190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

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FALLAHASSEE, FLORIDA

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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.****

Email Address: LVindel928@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
GENESIS FLOORING SERV, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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April 08, 2020

New Corp

Genesis Flooring Serv. Corp

No. Page: 5

Fax: 305-643-3211

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COVER LETTER

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

SUBJECT: GENESIS FLOORING SERV. CORP

(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: LUIS H. VINDEL

Name (Printed or typed)

8202 NW MIAMI COURT, LOT J 612

Address

MIAMI, FLORIDA 33150

City, State & Zip

305-244-8213

Daytime Telephone number

lvindel928@gmail.com

E-mail address: (to be used for future annual report notification)

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

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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: GENESIS FLOORING SERV. CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

8202 NW MIAMI COURT, LOT J 612

MIAMI, FL 33150

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TILE AND MARBLE SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIS H. VINDEL PRES. / TREAS.

Name and Title: _____

Address 8202 NW MIAMI COURT, LOT J 612

Address: _____

MIAMI, FL 33150

Name and Title: SONIA VALDES / DIRECTOR

Name and Title: _____

Address 8202 NW MIAMI COURT, LOT J 612

Address: _____

MIAMI, FL 33150

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS H. VINDEL
 Address: 8202 NW MAMI COURT, LOT J 612
 MIAMI, FL 33150

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS H. VINDEL
 Address: 8202 NW MIAMI COURT, LOT J 612
 MIAMI, FL 33150

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32399


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: APRIL - 08 - 2020 (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


 Required Signature/Registered Agent

APRIL - 08 - 2020

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.


 Required Signature/Incorporator

APRIL - 08 - 2020

Date

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