

P20000069069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

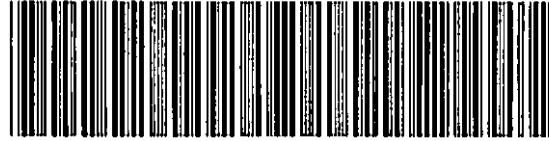
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2020 AUG 18 AM 10:43  
STATE  
RECEIVED

June 23, 2020

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

Re: Genesis of Life Transportation

To whom it may concern:

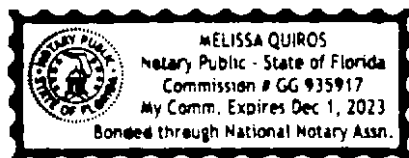
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Leyani Garcia Hurtado



2020 AUG 18 AM 10:43  
STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Genesis of Life Transportation 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: Maria E. Ruiz  
Name (Printed or typed)

7750 S.W. 117 Ave Suite 2010  
Address

Miami Florida 33183  
City, State & Zip

305-595-2407  
Daytime Telephone number

mariagueros9@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

2020 AUG 18 AM 10:43  
STATE  
OFFICE FL

**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 of Life Transportation Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15570 S.W. 105 Lane Apt. 1707  
Miami, Florida 33196

7750 S.W. 117 Ave Suite 2010  
Miami Florida 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: any and all legal purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 ea

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Leyani Garcia Hurtado, Pres. Name and Title: Herman Lopez V.P.

Address: 15570 S.W. 105 Lane Address: 15570 S.W. 105 Lane  
Apt. 1707 Apt. 1707  
Miami, Florida 33196 Miami, Florida 33196

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2020 JUN 18 AM 10:44  
STATE  
SECRET

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: Herman Lopez  
Address: 85570 S.W. 105 Lane Apt 1707  
Miami FL 33196

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Herman Lopez  
Address: 15570 S.W. 105 Lane Apt 1707  
Miami, Flor. 33196

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/30/2020 (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*

[Signature]  
Required Signature/Registered Agent

8/10/2020  
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.*

[Signature]  
Required Signature/Incorporator

8/10/2020  
Date

2020 AUG 18 AM 10:44  
STATE  
TALLAHASSEE, FL