

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GENIRON HOLDING CORP.**

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GENIRON HOLDING CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
2750NE 183St #104 Aventura FL 33160Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: FINANCIAL AND MEDICAL CARE SERVICES.BRAND DESING, MANUFACTURE, DISTRIBUTION - IMPORT AND EXPORT OF MEDICAL
CARE EQUIPMENTS IN GENERAL AND OTHER RELATED PRODUCTS. FINANCING OF
MEDICAL INFRASTRUCTURES AND RELATED TECHNOLOGICAL DEVELOPMENTS

_____**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: WLADIMIR C. DOMITILIA, P. CEO.Name and Title: CARLOS F. VALERO - V, COO.Address 8750NE 183ST #104Address: 2750NE 183St #104Aventura FL 33160Aventura FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: CARLOS F VALERO
Address: 2750NE 183TH Street, #104 Aventura FL 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS F VALERO
Address: 2750NE 183TH Street #104 Aventura FL. 33160

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 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

06/03/2021
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

06/03/2021
Date