

P24000067190

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 : ITAX GROUP, LLC
Account Number : I20140000115
Phone : (813)882-8426
Fax Number : (813)884-0263

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: neark1@icloud.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
GENESIS 12 FLOORING SERVICES INC**

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

RECEIVED

2024 OCT 30 PM 4:49

STATE OF FLORIDA
DIVISION OF CORPORATIONS

See A:

October 30, 2024

RE: C

Re: GENESIS 12 FLOORING SERVICES INC, Document number P19000081095

To: Florida Department of State, Division of Corporation

I hereby attest to release the name GENESIS 12 FLOORING SERVICES INC to be filed to a new document; the officers are the same to be included in this new filing.

See Articles of Incorporation attached.

Regard,



NEARQUE DESOUZA MARTINS
President

On 10/30/24, 15:29

On 10/30/24, 15:29

COVER LETTER

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

SUBJECT: GENESIS 12 FLOORING SERVICES 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: NEARQUE DESOUZA MARTINS
Name (Printed or typed)

2676 GARDEN PLUM PLACE
Address

ODESSA FL 33556
City, State & Zip

860-816-7649
Daytime Telephone number

neark1@icloud.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 NAMEThe name of the corporation shall be: GENESIS 12 FLOORING SERVICES INC**ARTICLE II PRINCIPAL OFFICE**Principal street address2676 GARDEN PLUM PLACE
ODESSA, FL 33556

Mailing address, if different is:

2676 GARDEN PLUM PLACE
ODESSA FL 33556**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS** (NAMES ARE: LAST, FIRST)PRESIDENT Name and Title: DESOUZA MARTINS, NEARQUE Name and Title: _____Address 2676 GARDEN PLUM PLACE Address: _____ODESSA, FL 33556 _____DIRECTOR Name and Title: TAVARES, MAICON Name and Title: _____Home Address 16338 DINSDALE DR Address: _____SPRING HILL, FL 33634 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

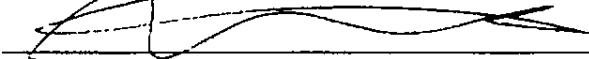
_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: NEARQUE DESOUZA MARTINSAddress: 2676 GARDEN PLUM PLACE
ODESSA FL 33556**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: NEARQUE DESOUZA MARTINSAddress: 2676 GARDEN PLUM PLACE
ODESSA FL 33556**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

10/30/2024

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

10/30/2024

Date