

P96000051407
TRANSMITTAL LETTER

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

300001610933
-05/07/96--01065--002
*****78.75 *****78.75

SUBJECT: Genuine Incorporated
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Jennifer A. Mitchell
Name (printed or typed)

4915 Baymeadows Rd 7D

Address

Jacksonville, FL 32217

City, State & Zip

(904) 448-8772

Daytime Telephone number

Heather Shuck
AUTHORIZATION BY PHONE TO
CORRECT *add corp. suffix*
DATE *6-17-96*
DOC. EXAM *ax*

AL JUN 17 1996

96 JUN 17 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 14, 1996

JENNIFER A. MITCHELL
4915 BAYMEADOWS ROAD 7D
JACKSONVILLE, FL 32217

SUBJECT: GENUINE INCORPORATED
Ref. Number: W96000010196

We have received your document for GENUINE INCORPORATED 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. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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 (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 196A00023830

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96 JUL 17 AM 8:20

ARTICLES OF INCORPORATION

CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Genuine Integration INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PO Box 24344
Jacksonville, FL 32441-4344

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jennifer A. Mitchell
9047 San Jose Blvd, #524
Jacksonville, FL 32257

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

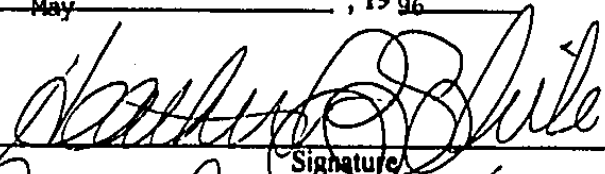
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jennifer A. Mitchell
Co-Director of Operations
9017 San Jose Blvd, #524
Jacksonville, FL 32257

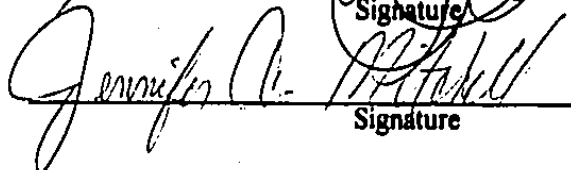
Heather B. Schik
Co-Director of Production
9017 San Jose Blvd, #524
Jacksonville, FL 32257

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of May, 19 96



Signature



Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: _____

Genuine Integration INC.

2. The name and address of the registered agent and office is:

Jennifer A. Mitchell ~~or Heather B. Schik~~

(NAME)

9047 San Jose Blvd, #524

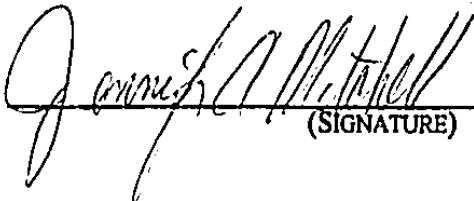
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, FL 32257

(CITY/STATE/ZIP)

FILED
96 JUN 17 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

5/3/96

(DATE)