

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

P 20000086683

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2020 NOV -6 AM 9:54

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

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800) 221-2972  
 Fax Number : (917) 243-5843

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 GENESIS A.M. INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$70.00 |

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

GENESIS A.M. INC.

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10330 STRATFORD POINTE AVE

10330 STRATFORD POINTE AVE

ORLANDO FL 32832

ORLANDO FL 32832

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for

which corporations may be organized.

**ARTICLE IV SHARES**

200

The number of shares of stock is:

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

Name and Title: MARCOS GARCIA-PRESIDENT

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

Address: 10330 STRATFORD POINTE AVE

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

ORLANDO FL 32832

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

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

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

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

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: MARCOS GARCIA  
 Address: 10330 STRATFORD POINTE AVE  
ORLANDO FL 32832

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARCOS GARCIA  
 Address: 10330 STRATFORD POINTE AVE  
ORLANDO FL 32832

**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 business days prior or 90 business 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*

*Marcos Garcia*  
 Required Signature/Registered Agent

11/4/2020  
 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.*

*Marcos Garcia*  
 Required Signature/Incorporator

11/4/2020  
 Date