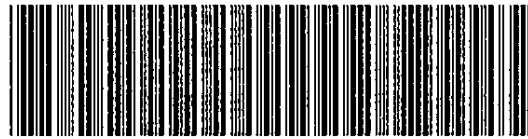


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300193329123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

02/08/11--01013--012 **87.50

Special Instructions to Filing Officer Donna White SA/L

AUTHORIZATION BY PHONE TO
CORRECT Article I
DATE _____
DOC. EXAM. _____

Office Use Only

SECRETARY OF STATE
HALLMARKS/STATE OFFICE

FEB - 8 PM 12: 53

FILED

PS 2/11/11

COVER LETTER

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

SUBJECT: DNA of Florida 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Florida DNA INC
DNA of Florida INC
Name (Printed or typed)

Gulfview Square Mall /9409 US HWY 19, Suite 321
Address

Port Richey Florida 34668
City, State & Zip

727-265-0079 or 678 851 4697
Daytime Telephone number

lucindawilliams43@yahoo.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 NAME

The name of the corporation shall be: FLORIDA DNA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Gulfview Square Mall
9409 US Hwy 19, Suite 321
Port Richey, FL 34668

Mailing address, if different is:

3152 Little RD Suite 101
Trinity FL 34655 1864

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a collection sight for DNA testing. Paternity, Maternity, Genetic, Ancestry, Siblingship, Grandparentage, DNA Banking.

ARTICLE IV SHARES

The number of shares of stock is: 1000 common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucinda Williams
Address: 4824 Yellowstone DR
New Port Richey FL 34655

Name and Title: President
Address: _____

Name and Title: Debra Jean White
Address: 4824 Yellowstone Dr
New Port Richey FL 34655

Name and Title: Secretary
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Lucinda Williams
Address: 3152 Little RD Suite 101
Trinity FL 34655-1864

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lucinda Williams
Address: 4824 Yellowstone DR
New Port Richey FL 34655

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FEB - 8 PM 12: 53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Lucinda Williams
Required Signature/Registered Agent

February 3, 2011
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.

Lucinda Williams
Required Signature/Incorporator

February 3, 2011
Date