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SECRETARY OF STATE
DIVISION OF CORPORATION
2013 SEP 16 PM 2:13

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COVER LETTER

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

SUBJECT: What's your gene? ,INC.

(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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ariel Sabina Johnson

Name (Printed or typed)

6471 Point Hancock Dr.

Address

Winter Garden, FL 34787

City, State & Zip

713-314-6858

Daytime Telephone number

arieljohnson888@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: What's your gene? ,INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6741 Point Hancock Dr.

Winter Garden, FL 34787

Mailing address, if different from principal office:
6400 Cropping St. #3103

Winter Garden, FL 34787

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Raise awareness for TNF receptor-associated periodic fever syndrome (TRAPS) and other periodic fever syndromes. Raising monies through fundraising and donations. All money received/raised for sole purpose of awareness campaigns and donation to research on early detection and improved treatment of periodic fever syndromes.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: directors
to be nominated and elected at a set date during meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NA Name and Title: NA

Address: _____ Address: _____

Name and Title: NA Name and Title: NA

Address: _____ Address: _____

Name and Title: NA Name and Title: NA

Address: _____ Address: _____

Name and Title: NA Name and Title: NA

Address: _____ Address: _____

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DIVISION OF CORPORATION

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Name and Title: NA Name and Title: NA

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ariel S. Johnson

Address: 6400 Cropping St #3103

Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

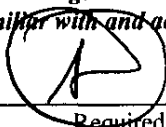
The name and address of the Incorporator is:

Name: Ariel S. Johnson

Address: 6400 Cropping St #3103

Winter Garden, FL 34787

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

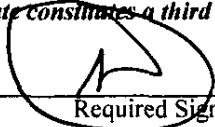


Required Signature of Registered Agent

9/12/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

9/12/13

Date