# N9800000000075

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

SUBJECT: MakDNA, 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

□\$122.50

Filing Fee & Certified Copy □ \$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Slavko Mangovski

Name (Printed or typed)

924 NE 20th Ave

Address

Ft. Lauderdale, FL 33304

City, State & Zip

954-523-0973

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

Daytime Telephone number

Al 2-24-98

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

### ARTICLE I NAME

The name of the corporation shall be:

MakDNA, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

924 NE 20th Ave, Ft. Lauderdale, FL 33304

### ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

Promote genetic research of the Balkans

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

By nomination and voting

# ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Slavko Mangovski

924 NE 20th Ave

Ft. Laude rdale, FL 33304

### ARTICLE VI INCORPORATOR

The <u>name and address</u> of the Incorporator to these Articles of Incorporation are:

Slavko Mangovski

924 NE 20th Aye, Ft. Lauderdale, FL 33304

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent

98 FEB 23 AM 9: 40
SECRETARY OF STATE
TALL AHASSEE FLORIDA