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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

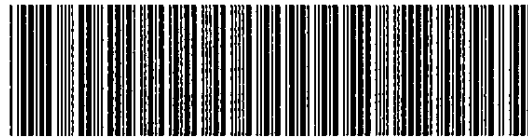
Special Instructions to Filing Officer Donna White SAFL

AUTHORIZATION BY PHONE TO
CORRECT Article I

DATE _____

DOC. EXAM. _____

Office Use Only



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FEB - 8 PM 12:53
SECRETARY OF STATE
HALLAM/STATE/REGISTRY

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

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$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

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

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CLERK OF DISTRICT COURT
JANUARY 2011