

P16000005204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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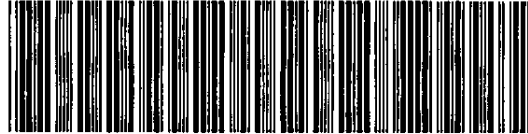
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/06/16--01013--008 **78.75

APPROVED
AND
FILED

16 JAN - 6 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/12

COVER LETTER

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

SUBJECT: Molluscum Bio, 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: Francois Almeida
Name (Printed or typed)
5349 Lake Jessamine Drive
Address
Orlando, FL 32839
City, State & Zip
407-850-5599
Daytime Telephone number
FrankAlmeida@AOL.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)

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ARTICLE I NAME

The name of the corporation shall be: Molluscum Bio, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5349 Lake Jessamine Drive
Orlando, FL 32839

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

For the sale of an over the counter product used to treat molluscum contagiosum.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francois Almeida Name and Title: _____

Address 5349 Lake Jessamine Drive Address: _____

Orlando, FL 32839 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Francois Almeida
Address: 5349 Lake Jessamine Drive
Orlando, FL 32839

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francois Almeida
Address: 5349 Lake Jessamine Drive
Orlando, FL 32839

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/5/2016. (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



Required Signature/Registered Agent

1/5/2016

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.



Required Signature/Incorporator

1/5/2016

Date