P200000 60404

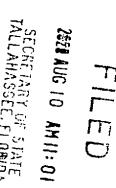
(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sociality (Manual)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

Office Use Only



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08/11/20--01001--016 **78.75



Million of the

CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
	РНОТОСОРУ	
хх	CUS	CERTIFICATE OF STATUS
хх	FILING	
	MY PATERNITY DNA PLU	
((CORPORATE NAME AND DOCUMENT	Γ#)
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COVER LETTER

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

SUBJECT: MY PATERNITY DNA PLUS.COM INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

losed are an original and one (1) copy	of the articles of incorporation an	d a check for:
□ \$70.00	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status

1:	BRUNA FREIRE		
	Name (Printed or typed)		
	6000 W ATLANTIC BLVD UNIT 4		
	Address		
	MARGATE FL 33063		
-	City, State & Zip		
	954-410-3081		
	Daytime Telephone number		
t	orunaandpaul@gmail.com		
_	E-mail address: (to be used for future annual report notified		

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)

The name of the corpora	tion shall be: MY PATERNITY DNA	PLUS.COM INC	
ARTICLE II PRING	Principal <u>street</u> address /D UNIT 4	Mailing	address, if different is:
MARGATE FL 33063			
ARTICLE III PURPO The purpose for which t	OSE he corporation is organized is: ANY LA	WFUL BUSINESS	
	stock is: 500 L OFFICERS AND/OR DIRECTORS		FILE ZEZNAUGIO AN SECRETARY OF TALLAHASSEE.
Name and Title		Name and Title:	
Address	MARGATE FL 33063	Address:	Daio Daio ATE
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address			

Name ar	nd Title:	Name and Title:
Address	S	Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	BRUNA FREIRE	
Address:	6000 W ATLANTIC BLVD UNIT 4	_
	MARGATE FL 33063	_
	<u>INCORPORATOR</u>	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	ADA F BRAVO	_
Address:	650 NW 180TH TER STE 103	_
	PEMBROKE PINES FL 33029	_
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	(OPTIONAL)
(If an effective of filing.)	late is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
	inserted in this block does not meet the applicabl ffective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been nan certificate, I am f	red as registered agent to accept service of process amiliar with and accept the appointment as registe	for the above stated corporation at the place designated in the red agent and agree to act in this capacity
	Bruna Freire	08/07/2020
	Required Signature/Registered Agent	Date
I submit this doc document to the l	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in sy as provided for in s.817.155, F.S.
	Jeda La Dravi	08/07/2020
Required Signatu	re/Incorporator	Date