

P20000060604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2020 AUG 10 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 08 10

2020 08 10

18.75

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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**

**PICK UP:** 08/10/2020

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☐ **PHOTOCOPY** \_\_\_\_\_
- xx** **CUS** CERTIFICATE OF STATUS
- xx** **FILING** \_\_\_\_\_

1. **MY PATERNITY DNA PLUS.COM INC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** 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

brunaandpaul@gmail.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: MY PATERNITY DNA PLUS.COM INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6000 W ATLANTIC BLVD UNIT 4

MARGATE FL 33063

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRUNA FREIRE, PRESIDENT

Name and Title: \_\_\_\_\_

Address 6000 W ATLANTIC BLVD UNIT 4

Address: \_\_\_\_\_

MARGATE FL 33063

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2620 AUG 10 AM 11:01  
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: BRUNA FREIRE

Address: 6000 W ATLANTIC BLVD UNIT 4

MARGATE FL 33063

**ARTICLE VII INCORPORATOR**

The name and address 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 date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Bruna Freire

Required Signature/Registered Agent

08/07/2020

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.*

Ada F. Bravo

Required Signature/Incorporator

08/07/2020

Date