

F15UXX001706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

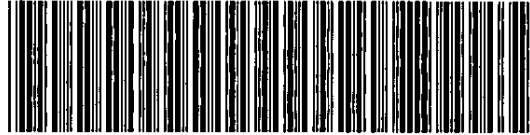
Certified Copies _____

Certificates of Status _____

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FILED
15 APR 17 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2015
S. GILBERT

April 13, 2015

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Florida Dept. of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Subject: Dissolved Corporation Release of Company Name and Letter: 615A00006292

Dear Ms. Gilbert:

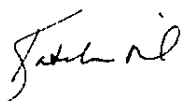
This affidavit certifies that Partnering in Innovation, Inc. did voluntarily dissolve as a Florida Corporation and has no intention of revoking the dissolution. Therefore, the name is available for use to another entity.

Partnering in Innovation, Inc. is incorporated in Delaware. We filed for Florida incorporation in error. We should have originally files as a foreign corporation but did not know this at the time. Therefore, we dissolved the Florida incorporation and re-filed as a foreign entity. In the process, the name became bound in the 120 day dissolution timeline.

To reiterate, we have no intention of revoking the dissolution, therefore the name is available for use.

Best Regards,

Partnering in Innovation, Inc.



Kathleen O'Neil
President/CEO

Email: koneil@pi-innovation.com
Phone: 407.697.6794

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Partnering In Innovation, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathleen O'Neil

Name of Person

Partnering In Innovation, Inc.

Firm/Company

14122 Chicora Crossing Blvd, Suite 100

Address

Orlando, FL 32828

City/State and Zip code

koneil@pi-innovation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen O'Neil at (407) 697-6794

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **Partnering In Innovation, inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **45-4231925**

(FEI number, if applicable)

4. **January 11, 2012**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **14122 Chicora Crossing Blvd Orlando, FL 32828**

(Principal office address)

14122 Chicora Crossing Blvd Orlando, FL 32828

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Business Filings Incorporated**

Office Address: **515 East Park Avenue**

Tallahassee, Florida **32301**

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary Jo Spalinger, Asst. Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kathleen O'Neil

Address: 14122 Chicora Crossing Blvd, Suite 100
Orlando, FL 32828

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kathleen O'Neil

Address: 14122 Chicora Crossing Blvd, Suite 100
Orlando, FL 32828

Vice President: Gerald Blount

Address: 647 Mealing Road North
Augusta, SC 29860-8963

Secretary: Kathleen O'Neil

Address: 14122 Chicora Crossing Blvd, Suite 100, Orlando, FL 32828

Treasurer: Kathleen O'Neil

Address: 14122 Chicora Crossing Blvd, Suite 100, Orlando, FL 32828

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Kathleen O'Neil, President/CEO

(Typed or printed name and capacity of person signing application)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARTNERING IN INNOVATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.


AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



5093871 8300

150051778

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2040161

DATE: 01-15-15