

P1200007893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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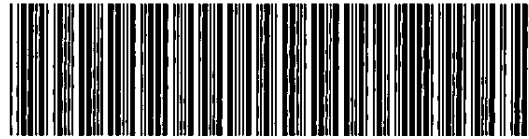
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 17 AM 11:03

P3 9/10/12

BRIAN K. BURKE

300 S. Duncan Ave, Suite 290, Clearwater, FL 33755

Cellphone: 727-480-5021 Email: bkburke@bio-informatics.com

Thursday, September 13, 2012

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

Ref.: Administrative Dissolution of Bio-Informatics, Inc.
Document Number: P93000026502
FEI Number: 593202195

Dear Sir/Madame,

The referenced corporation was administratively dissolved on 9-23-2011.

I am submitting this paperwork in accordance with instructions provided by two examiners in your office.

I have no intention of reinstating the corporation.

Please release the name to the new corporation whose documents are included in this envelope.

I look forward to receiving a Certificate of Status.

If there are any questions or if you cannot complete the foregoing, please call or email me immediately since time is of the essence. Thank you in advance for excellent customer service.

Sincerely,



Brian K. Burke

COVER LETTER

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

SUBJECT: Bio-Informatics, 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: Brian K. Burke
Name (Printed or typed)

300 S. Duncan Ave, Suite 290
Address

Clearwater, FL 33755
City, State & Zip

727-480-5021
Daytime Telephone number

bkburke@bio-informatics.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

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

12 SEP 17 AM 11:03

ARTICLE II PRINCIPAL OFFICE

Principal street address
300 S. Duncan Ave, Suite 290
Clearwater, FL 33755

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bio-Informatics' purpose is to provide business management services to corporations, institutions, organizations, teams and individuals.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Brian K. Burke, PSTD</u>	Name and Title: _____
Address: <u>300 S. Duncan Ave, Suite 290</u>	Address: _____
<u>Clearwater, FL 33755B</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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: Brian K. Burke
Address: 300 S. Duncan Ave, Suite 290
Clearwater, FL 33755

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian K. Burke
Address: 300 S. Duncan Ave, Suite 290
Clearwater, FL 33755

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

9-13-2012
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

9-13-2012
Date