# P19000075981

(Re	equestor's Name)	
(Ad	(dropp)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ly/State/Zip/Phone	: <b>#</b> )
PICK-UP	☐ WAIT	MAIL MAIL
-		
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
_	<del></del>	

Office Use Only



700333647157

06/26/19--01006--006 \*\*70

THEORIARY OF STATE



September 26, 2019

BRIAN K BURKE 4920 LOCUST ST NE #102 ST PETERSBURG, FL 33703

SUBJECT: BIO- INFORMATICS, INC

Ref. Number: W19000087016

We have received your document for BIO- INFORMATICS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 419A00019939

Marti Simmons Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

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

Bio-	Inf	orm.	atics	s 1	nc
י־טוט	13 I I I		ฉแบง	), I	HIV.

SUBJECT:	Bio-Informatics	s, Inc.	
SUBJECT.	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Brian K. Burke		SCORETAL SLO
	4920 Locust St I		3-64 6: 31: 13: 13: 13: 13: 13: 13: 13: 13: 13
	St Petersburg, f	-ddress =L 33703	
	727-480-5021	State & Zip	
	Daytime Te bkburke@bio-ir	nformatics.co	om
	E-mail address: (to be used	for future annual report i	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:	sio-Informatics	s, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street address	\$	Mailing address, if different is:
4920 Locust St NE,	#102	
St Petersburg, FL 3	<del></del>	
ARTICLE III PURPOSE  The purpose for which the corporation is organ		
Bio-Informatics' purp	······································	
management service	es to corporat	ions, institutions,
organizations, teams	<u>s and individu</u>	als.
	····	
ARTICLE IV SHARES The number of shares of stock is: 100 S  ARTICLE V INITIAL OFFICERS ANDIO Name and Title: Brian K. E	R DIRECTORS	nd Title:
Address	Address	
4920 Locust S	t NE, #102	
St Petersburg.	FL 33703	
Name and Title:	Name a	nd Title:
Address	Address	
<del></del>	<del></del>	
	. <u></u>	TO T
Name and Title:	Name a	ട്ട് പി
Address	Address	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI _REGISTERED AGENT	
The name and Florida street address (P.O. Box	
Name.	
11001033.	t St NE, #102
St Petersol	<u>irg, FL 3</u> 3703
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Brian K. Bu	rke
Address: 4920 Locus	st St NE, #102
<u>St Petersbu</u>	urg, FL 33703
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	. (OPTIONAL) specific and cannot be more than five days prior or 90 days after
filing.)	
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be t of State's records.
	pt service of process for the above stated corporation at the place design eappointment as registered agent and agree to act in this capacity
John	8-21-2
Required Signature/F	egistered Agent Date
, ,	its stated herein are true. I am aware that the false information subnumbers a third degree felony as provided for in s.817.155, F.S.
/// Mr	8-21-2i
Required Signature/Incorporator	Date

## **COVER LETTER**

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

SUBJECT:	Bio-Informatics, Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Brian K. Burke		
	4920 Locust St	(Printed or typed) NE, #102	
	St Petersburg,	FL 33703	
	727-480-5021	State & Zip	
	Daytime To	elephone number oformatics.co	om
<del></del>	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:	Bio-Informatics, Inc.
ARTICLE II PRINCIPAL OFFICE Principal street addre	Mailing address, if different is:
4920 Locust St NE,	#102
St Petersburg, FL	
ARTICLE III PURPOSE  The purpose for which the corporation is orga	
	pose is to provide business
	es to corporations, institutions
organizations, team	s and individuals.
ARTICLE IV SHARES The number of shares of stock is: 100	shares
ARTICLE V INITIAL OFFICERS AND IN	Burke, PSTD Name and Title:
Name and Title:	Name and Title:
4920 Locust S	Address:
St Petersburg	······
Name and Title:	Name and Title:
	Address:
Name and Title:	Name and Title:
	Address:

Name and Title:	Name and Title:		
Address	Address:		
······································			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box N	· · · · · · · · · · · · · · · · · · ·		
Name: Brian K. Burl	ke		
4920 Locust	St NE, #102		
St Petersburg, FL 33703			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Name: Brian K. Burl	ke		
Tant.			
Address: 4920 LOCUST	St NE, #102		
St Petersbur	rg, FL 33703		
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)		
	pecific and cannot be more than five days prior or 90 days after		
Note: If the date inserted in this block does not me the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be of State's records.		
	service of process for the above stated corporation at the place design appointment as registered agent and agree to act in this capacity		
OU M	8-21-21		
Required Signature/Reg			
	stated herein are true. I am aware that the false information subnithird degree felony as provided for in s.817.155, F.S.		
110 Mm	8-21-21		
Required Signature/Incorporator	Date		

**BRIAN K. BURKE** 

4920 Locust St NE #102 St Petersburg, FL 33703 727-480-5021 bkburke@bio-informatics.com

# P19000075981

Wednesday, August 21, 2019

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

Ref.: Decision Not to Reinstate Bio-Informatics, Inc.

Document Number P12000078893

FEI Number: 593202195 Incorporation of New Entity

Dear Sir/Madame:

The recent required Annual Report for the above corporation was not submitted in a timely manner. I do not wish to Reinstate the above corporation.

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

If t here 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 your assistance.

Brian K. Burke