

PA2000062939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

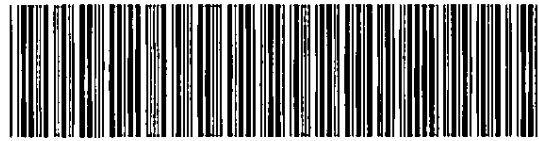
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

Bio-Informatics, Inc.

SUBJECT: _____
(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

Brian K. Burke

FROM: _____
Name (Printed or typed)

4920 Locust St NE, #102

Address

St Petersburg, FL 33703

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.

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2022 AUG -5 AM 6:22
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TALLAHASSEE, FL

BRIAN K. BURKE

4920 Locust St NE #102
St Petersburg, FL 33703

727-480-5021
bkburke@bio-informatics.com

Thursday, June 30, 2022

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

Ref.: Decision Not to Reinstate Bio-Informatics, Inc.
Document Number: P19000075981
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 there are any questions or if you cannot complete the foregoing, please call (727-480-5021) or email (bkburke@bioinformatics.com) me immediately since time is of the essence and I will be guided by your assessment of my options in accomplishing the above purposes.

Thank you in advance for your assistance.

Sincerely,


Brian K. Burke

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CLERK OF COURT
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

Bio-Informatics, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

4920 Locust St NE, #102
St Petersburg, FL 33703

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: _____

Brian K. Burke, PSTD

Name and Title: _____

Address _____

Address: _____

4920 Locust St NE, #102
St Petersburg, FL 33703

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: 4920 Locust St NE, #102
St Petersburg, FL 33703

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian K. Burke
Address: 4920 Locust St NE, #102
St Petersburg, FL 33703

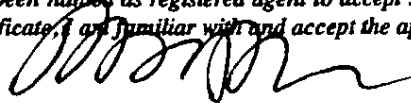
ARTICLE VIII EFFECTIVE DATE:

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

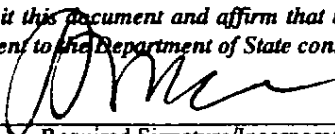


Required Signature/Registered Agent

6-30-2022

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

6-30-2022

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2022 AUG 25 AM 6
SECRETARY OF STATE
TALLAHASSEE, FL