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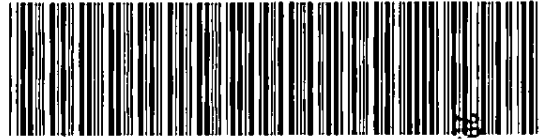
(Business Entity Name)

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DATE: 12/13/2024

NAME: ACTIVATE BIOSCIENCES, INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

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

Activate Biosciences, 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 ☐ \$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: James Byrd

Name (Printed or typed)

180 Park Avenue North, Suite 2A

Address

Winter Park, FL 32789

City, State & Zip

407-792-1385

Daytime Telephone number

Robert.Lewis800@gmail.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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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: Activate Biosciences, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3762 Roscommon Drive, Suite 137

Ormond Beach, FL 32174

ARTICLE III PURPOSE

Any and All Lawful Business

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000 Common @.0001 par value; 10,000,000 Preferred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Lewis, President

Name and Title: Robert Lewis, Director

Address 3762 Roscommon Dr., Suite 137

Address: 3762 Roscommon Dr., Suite 137

Ormond Beach, FL 32174

Ormond Beach, FL 32174

Name and Title: Robert Lewis, Secretary and Treasurer

Name and Title: _____

Address 3762 Roscommon Dr., Suite 137

Address: _____

Ormond Beach, FL 32174

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: James Byrd

Address: 180 Park Avenue North, Suite 2A

Winter Park, FL 32789

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James Byrd

Address: 180 Park Avenue North, Suite 2A

Winter Park, FL 32789

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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

James Byrd
Required Signature/Registered Agent

12/13/24
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.

James Byrd
Required Signature/Incorporator

12/13/24
Date