## P240UU15245

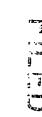
(Ře	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
- (Cit	ty/State/Zip/Phone	
PICK-UP	<u> </u>	MAłL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>

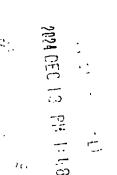
Office Use Only



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2021-DEC 13 /14 9: 47





## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/13/2024

NAME: CELL BIO INC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

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

SUBJECT:	Cell Bio, Inc.		
30B3ECT	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
∑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Cop & Certificate Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	James Byrd Nam	e (Printed or typed)	
	180 Park Avenue North, Sui	te 2A	
		Address	
	Winter Park, FL 32789		
	City	, State & Zip	
	407-792-1385		
<del></del>	Daytime	Telephone number	
	Brian.Cogley@coeptistx.com		
	E-mail address: (to be use	d for future annual report r	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)

105 Bradford Road, Sui Wexford, PA 15090	incipal <u>street</u> address ite 420		failing address, if different is:
Wexford, PA 15090			2021 C
	E Any an corporation is organized is:		2021 P. T.
RTICLE III PURPOS. he purpose for which the	E Any an corporation is organized is:		s
			 :)
			• 1
			.41
	_		
			_
	OFFICERS AND/OR DIRECTORS  David Mehalick, President	Name and Title:	David Mehalick, Director
Address	105 Bradford Road, Suite 420	Address:	105 Bradford Road, Suite 420
_	Wexford, PA 15090		Wexford, PA 15090
Name and Title:	Brian Cogley, Secretary and Treasurer	Name and Title:_	Brian Cogley, Director
Address	105 Bradford Road, Suite 420	Address: _	105 Bradford Road, Suite 420
	Wexford, PA 15090		Wexford, PA 15090
_		<del></del> _	
Name and Title:		Name and Title:_	
		Address	
Address			

Name a	nd Title:	Name and Title:
Addres	ss	Address:
	<u>REGISTERED AGENT</u>	
The name and I	Florida street address (P.O. Box NOT acceptal	ole) of the registered agent is:
Name:	James Byrd	
Address:	180 Park Avenue North, Suite 2A	(a) (a)
	Winter Park, FL 32789	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	James Byrd	
Address:	180 Park Avenue North, Suite 2A	
	Winter Park, FL 32789	
Effective date, i	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 days after
_	e inserted in this block does not meet the appli	cable statutory filing requirements, this date will not be
	effective date on the Department of State's rec	
		cess for the above stated corporation at the place designo
certificate, I am	familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
Jame	Required Signature/Registered Agen	12/12/24
U		
	cument and affirm that the facts stated herei	n are true. I am aware that the false information subn
I submit this do document to the	Department of State constitutes a third degree	felony as provided for in s.817.155, F.S.