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DATE: 12/13/2024

NAME: CELL BIO INC.

TYPE OF FILING: ARTICLES

COST: 70.00


RETURN: PLAIN COPY PLEASE

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ACCOUNT: FCA000000015

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.
(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
Brian.Cogley@coeptistx.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2024 OCT 13 PM 3:47

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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: Cell Bio, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 Bradford Road, Suite 420

Wexford, PA 15090

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

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: David Mehalick, President

Name and Title: David Mehalick, Director

Address 105 Bradford Road, Suite 420
Wexford, PA 15090

Address: 105 Bradford Road, Suite 420
Wexford, PA 15090

Name and Title: Brian Cogley, Secretary and Treasurer

Name and Title: Brian Cogley, Director

Address 105 Bradford Road, Suite 420
Wexford, PA 15090

Address: 105 Bradford Road, Suite 420
Wexford, PA 15090

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

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 12/12/24
Required Signature/Registered Agent 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 12/12/24
Required Signature/Incorporator Date