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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers AUG 09 2011

## COVER LETTER

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

SUBJECT: KINATIC, 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 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**

FROM: EMANUEL A. MOORE, ESQ.

Name (Printed or typed)

111 E. MONUMENT AVENUE, SUITE 302

Address

KISSIMMEE, FL 34741

City, State & Zip

407-301-8614

Daytime Telephone number

exports@philkar.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** KINATIC, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
534 Lockbreeze Drive  
Davenport, FL 33897

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Manufacture, Sale and Distribution of Accessories for Electronics Devices

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Philip Wilmot / President  
Address: 534 Lockbreeze Drive  
Davenport, FL 33897

Name and Title: Heidi Sony  
Address: 534 Lockbreeze Drive  
Davenport, FL 33897

Name and Title: Ravish Sony  
Address: 534 Lockbreeze Drive  
Davenport, FL 33897

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Karen Wilmot  
Address: 534 Lockbreeze Drive  
Davenport, FL 33897

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

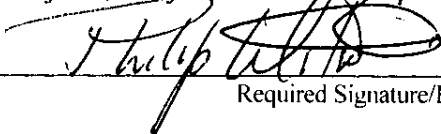
Name: Philip Wilmot  
Address: 534 Lockbreeze Drive  
Davenport, FL 33897

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

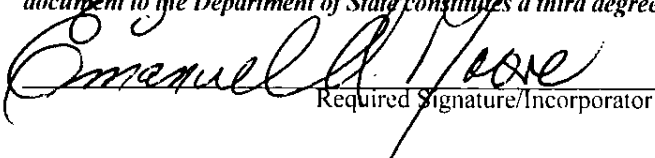
Name: Emanuel A. Moore, Esq.  
Address: 111 E. Monument Avenue  
Kissimmee, FL 34741

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

8/3/2011  
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

8/1/2011  
Date

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