

P12000013716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

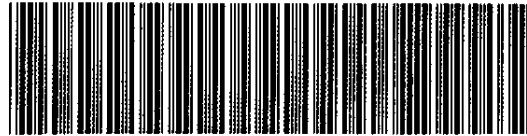
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 09 2012

W11-64509

## COVER LETTER

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

SUBJECT: Application for Florida Corporation

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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Collision Dynamics Incorporated  
Name (printed or typed)

1554 Ember Lane  
Address

Tarpon Springs, Florida 34689  
City, State & Zip

727 237 0645  
Daytime Telephone Number

cditar@aol.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## CERTIFICATE OF DOMESTICATION

The undersigned, Dennis Burgess, President,  
(Name) (Title)

of Collision Dynamics Incorporated a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 12, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Collision Dynamics Incorporated.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Collision Dynamics Incorporated.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Collision Dynamics Incorporated.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Commonwealth of Massachusetts.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Dennis Burgess, of 1554 Ember Lane Tarpon Springs, Florida 34689

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 3rd day of February, 2012.

Dennis Burgess  
(Authorized Signature)

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### Filing Fee:

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**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I      NAME**

THE NAME OF THE CORPORATION SHALL BE:

Collision Dynamics Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

1554 Ember Lane Tarpon Springs, Florida 34689

**ARTICLE III   PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To provide expert witness services in all matters arising out of motor vehicle crash investigation and reconstruction, and to own and operate the associated facilities, equipment and real estate to render such services and to engage in such other business of a similar nature to related thereto and transact all lawful business under the laws of the State of Florida

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

100,000

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Dennis Burgess (President)  
1554 Ember Lane  
Tarpon, Springs, Florida 34689

**ARTICLE VI      INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Dennis Burgess  
1554 Ember Lane  
Tarpon, Springs, Florida 34689

**ARTICLE VII   INCORPORATOR**

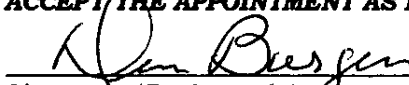
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Dennis Burgess (President)  
1554 Ember Lane  
Tarpon, Springs, Florida 34689

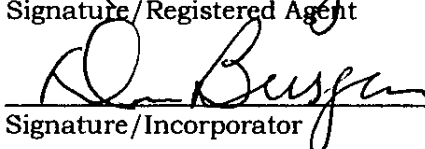
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**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date