P14000064201

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Emily Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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SECHERARY OF STATE

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COVER LETTER

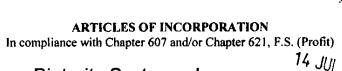
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: DIVISION OF CORPORATIONS							
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)				
Enclosed are an original	inal and one (1) copy of the art	ticles of incorporation and	d a check for:				
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED				
FROM: Ricardo Aguilar							
	Nam	e (Printed or typed)					
32	218 East Colonia	al Dr Suite G					
		Address					
0	rlando Florida 32	2803 , State & Zip					
40	79271837	. •					

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

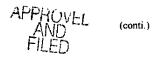
Daytime Telephone number

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





ARTICLE I NAM The name of the corporat	E Biotraits Systems	s, Inc	SECOS PM 3: 44
<u>ARTICLE II PRI</u>	NCIPAL OFFICE Principal street address		SECREMAN OF STATE Mailing address, If different is:
3218 East Col	onial Dr		
Suite G			
Orlando Florio	la 32803		
ARTICLE III PUR			
	he corporation is organized is: ISINESS IN the market of Ir	nteract Disn	lay Security
Biometrics, an		iteract bisp	iay, occurry,
Diometrics, an	id Corisulting	<u> </u>	
· · · · · · · · · · · · · · · · · · ·			
ADMICE THE CITY	.nna		
ARTICLE IV SHA The number of shares of	stock is: 1000		
	TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	Picardo Aquilar President
Name and Title	Peter A Wengert CEO	Name and Title:	Ricardo Aguilar President
Address	3218 East Colonial Dr	Address:	3218 East Colonial Dr
	Suite G		Suite G
	Orlando Fl 32803	_	Orlando Florida 32803
Name and Title:		Name and Title:	:
Address		Address:	
		_	
Name and Title:		Name and Title	
Address		Address:	
ANGLESS			
			



Name and	f Title:	Name and Title:			
Address		Address:	SECRETARY OF STATE TALLAMASSES SHOWING		
		-			
		-			
ARTICLE VI	REGISTERED AGENT				
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:		
Name:	Ricardo Aguilar				
Address:	3218 E Colonial Dr Suite G				
	Orlando Fl 32803				
ARTICLE VII	INCORPORATOR				
The name and ad	dress of the Incorporator is:				
Name:	Ricardo Agiular				
Address:	3218 E Colonial Dr Suite G				
	Orlando Fl 32803				
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					
//			//20/14		
	Required Signature/Registered Agent		Date /		
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felong				
	Required Signature/Incorporator		Date		