

P/5000089040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

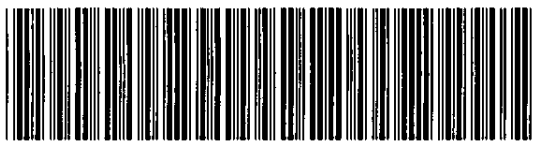
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/02/15--01001--009 **70.00

APPROVED
AND
FILED

15 OCT 30 PM 5: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2015 OCT 30 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R 10/30/15

COVER LETTER

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

SUBJECT: iSTEMBOTICS
(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: ANTONIA Y. BROWN
Name (Printed or typed)

2898 MAHAN DRIVE
Address

TALLAHASSEE, FL. 32308
City, State & Zip

850-559-6484
Daytime Telephone number

CJB.LAW.OFFICE@YAHOO.COM
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: iSTEMBOTICS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2898 MAHAN DRIVE
TALLAHASSEE, FLORIDA
32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL ROBOTICS SYMPOSIUM
CENTER.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIA BROWN DIRECTOR Name and Title: CRAIG BROWN DIRECTOR

Address: 2898 MAHAN DRIVE Address: 2898 MAHAN DRIVE
TALLAHASSEE, FL. TALLAHASSEE, FL.
32308 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: ANTONIA BROWN
 Address: 2898 MAHAN DRIVE
TALLAHASSEE, FL. 32308

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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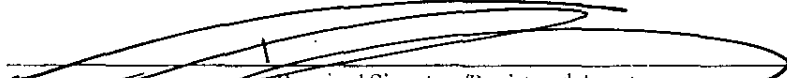
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AND
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

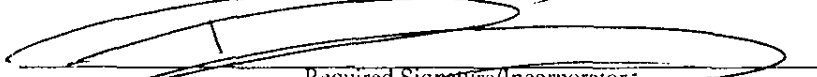
Name: ANTONIA BROWN
 Address: 2898 MAHAN DRIVE
TALLAHASSEE, FL. 32308

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

10/30/15
 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

10/30/15
 Date