

P/5000089040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

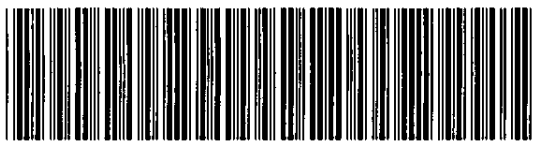
(Business Entity Name)

(Document Number)

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

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AND  
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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.

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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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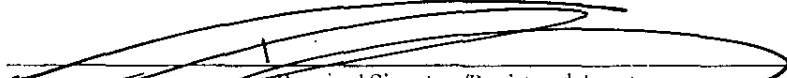
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AND  
FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

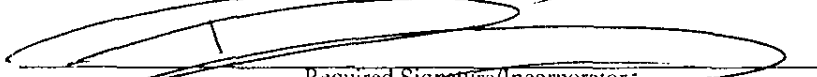
Name: ANTONIA BROWN  
 Address: 2898 MAHAN DRIVE  
TALLAHASSEE, FL. 32308

*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