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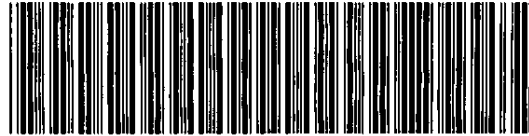
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FILED
17 JAN 31 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: KinaTrax, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Steven Cadavid

Name (Printed or typed)

9846 Scribner Lane

Address

Wellington, FL 33414

City, State & Zip

305-775-1747

Daytime Telephone number

scadavid@kinatrax.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: KinaTrax, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Research Park at Florida Atlantic University
3651 FAU Blvd., Suite 400
Boca Raton, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to develop, sell, and support markerless motion capture systems
for human movement analysis and any lawful business activities that may arise from this effort.

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CLERK OF DISTRICT COURT
FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steven Cadavid - President and CEO

Address: 9846 Scribner Lane
Wellington, FL 33414

Name and Title: John Kiser - Director

Address: 14416 Chrisman Hill Dr
Boyd's, MD 20841

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Steven Cadavid _____

Address: 9846 Scribner Lane _____

Wellington, FL 33414 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John Kiser _____

Address: 14416 Chrisman Hill Dr _____

Boys MD 20841 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 16, 2017 _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

1/16/17

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

1/18/17

Date