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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

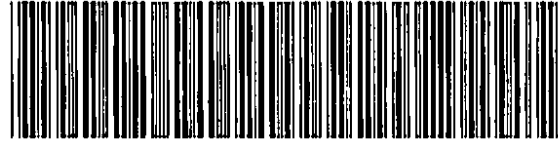
(Business Entity Name)

(Document Number)

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

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T. BURCH  
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**COVER LETTER**

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

SUBJECT: Podesta Orthopedic & Sports Medicine Institute, Inc

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

Podesta Orthopedic & Sports Medicine INSTITUTE  
Name (printed or typed)

420 Saddlebrook Lane

Address

Naples, Florida 34110

City, State & Zip

805-444-5879

Daytime Telephone Number

lugamd@aol.com

E-mail address: (to be used for future annual report notification)

**CERTIFICATE OF DOMESTICATION**

The undersigned, Luga Podesta, MD (Name) CEO, President (Title)

of Podesta Orthopedic & Sports Medicine Institute, INC. 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 August 11, 2007
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF CALIFORNIA
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Podesta Orthopedic & Sports Medicine Institute, INC
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 Podesta Orthopedic & Sports Medicine Institute, INC
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 STATE OF CALIFORNIA
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President & CEO of Podesta Orthopedic & Sports Medicine Institute, INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 18 day of December, 2017

[Signature]  
(Authorized Signature)

<b>Filing Fee:</b>	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
<b>Total to domesticate and file</b>	<b>\$128.75</b>

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

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Podesta Orthopedic & Sports Medicine Institute, Inc

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

1201 PIPER Blvd, Ste 24

420 Saddlebrook Lane

NAPLES, Florida 34110

NAPLES, Florida 34110

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The purpose of the corporation is to engage in the profession of Medicine and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations.

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS: 1,000

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

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

Title/Name

Luga Podesta  
1201 Piper Blvd. Ste 24  
Naples, Florida, 34110

Title/Name

Chief of OP  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

Pamela Podesta  
1201 Piper Blvd, Ste 24  
Naples, Florida 34110

Title/Name

Secretary  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

Pamela Podesta  
1201 Piper Blvd, Ste 24  
Naples, Florida 34110

Title/Name

Chief Financial Officer  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title/Name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Luga Podesta, MD  
1201 Piper Blvd, Ste 24  
Naples, Florida 34110

**ARTICLE VII INCORPORATOR**

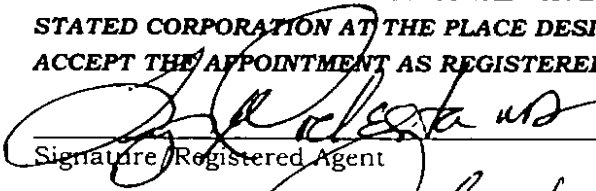
THE NAME AND ADDRESS OF THE INCORPORATOR IS:

LUGA Podesta, MD  
1201 Piper Blvd, Ste 24  
Naples, Florida 34110

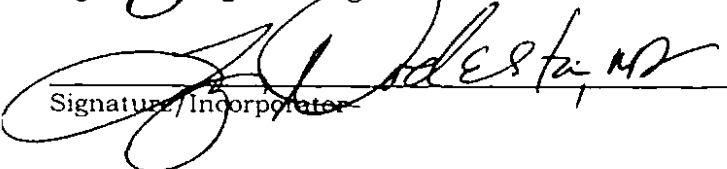
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MARIANNE L. LINDO

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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

12/18/17  
Date

  
Signature/Incorporator

12/18/17  
Date