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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)922-4001

From:

Account Name : FAS-T CORE. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

LUIS PROSTHETIC FABRICATION, INC.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:  
"Luis" Prosthetic Fabrication, Inc.

**ARTICLE II PRINCIPAL PLACE OF BUSINESS**

The principal place of business and mailing address of this corporation shall be:

85 N.E. 172 St.  
North Miami Beach, Fla. 33162

**ARTICLE III CAPITAL STOCK**

The number of share of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

**ARTICLE IV NATURE OF BUSINESS**

The general nature of the business to be transacted by this Corporation is Manufacturing prosthetic limbs and any other legal business venture.

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

The name and address of the initial registered agent is:

Luis A. Montalvo  
85 N.E. 172 St.  
North Miami Beach, Fla. 33162

Prepared by:  
Pedro L. Campo  
1985 NW 88 Court, Suite 201  
Miami, Fl. 33172

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**ARTICLE VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Luis A. Montalvo  
85 N.E. 172 St.  
North Miami Beach, Fla. 33162

**ARTICLE VII DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Luis A. Montalvo  
85 N.E. 172 St.  
North Miami Beach, Fla. 33162

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30<sup>th</sup> day of September 1999

  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/ registered agent, in the State of Florida.

The name of the corporation is: "Luis" Prosthetic Fabrication, Inc.

The name and address of the registered agent and office is:

Luis A. Montalvo  
85 N.E. 172 St.  
North Miami Beach, Fla. 33162

(P.O.BOX NOT ACCEPTABLE)

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Luis A. Montalvo

DATE: 30<sup>th</sup> of September, 1999

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