

P16000063121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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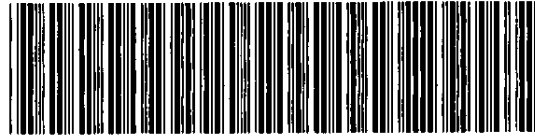
(Business Entity Name)

(Document Number)

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

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8/2/14

**SUNSHINE** CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive  
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 8-1-16

ENTITY NAME:

SPINEWAY USA, INC.

**\*\*PLEASE FILE THE ATTACHED AND RETURN:\*\***

☐ Plain Copy

☐ Certified Copy

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:\*\***

Document Number: \_\_\_\_\_

☐ Certified Copy of Arts & Amendments

☐ Certificate of Good Standing

**\*\*APOSTILLE/NOTARIAL CERTIFICATION:\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL AMOUNT OWED: 76

CHECK NUMBER: 2741

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** SPINEWAY USA, 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  
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:** KATHLEEN A. CHYNA, c/o DRINKER BIDDLE & REATH LLP

Name (Printed or typed)

191 N. WACKER DRIVE, STE. 3700

Address

CHICAGO, IL 60606

City, State & Zip

312-569-1503

Daytime Telephone number

kathleen.chyna@dbi.com

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

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**  
The name of the corporation shall be: SPINEWAY USA, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
7 allée Moulin Berger  
69130 Ecully  
France

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: manufacture of health care products.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000 authorized

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

Name and Title: Philippe Laurito, President & Director

Address: 7 allée Moulin Berger  
69130 Ecully  
France

Name and Title: Stephane Le Roux, VP/Secretary

Address: 7 allée Moulin Berger  
69130 Ecully  
France

Name and Title: David Siegrist, Treasurer

Address: 7 allée Moulin Berger  
69130 Ecully  
France

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: Registered Agent Solutions, Inc.  
Address: 155 Office Plaza Dr., Ste. A  
Tallahassee, FL 32301

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TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kathleen A. Chyna  
Address: 191 N. Wacker Drive, Ste. 3700  
Chicago, IL 60606

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

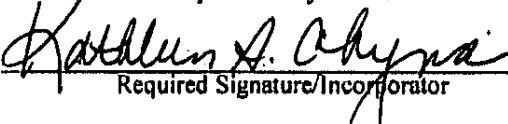
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/1/16  
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

8/1/2016  
Date