

F99000004038

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 100 Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Orthotic Rehabilitation  
Products

100002890051--1  
-05/28/99--01099--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

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TALLAHASSEE, FLORIDA  
w8/6

RECEIVED  
99 MAY 28 PM 2:23  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W99-12596

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

LS 5/28/99 11:20



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 28, 1999

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE, FL 32302

SUBJECT: ORTHOTIC REHABILITATION PRODUCTS, INC.  
Ref. Number: W99000012596

*all originals  
returned at  
front counter  
per their request  
- "not sure"  
if they'll file*

We have received your document for ORTHOTIC REHABILITATION PRODUCTS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 399A00029619



RECEIVED

FLORIDA DEPARTMENT OF STATE JUL 23 AM 9:50

Katherine Harris  
Secretary of State

May 28, 1999

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.  
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Agnes Lunt  
Document Specialist

Letter Number: 399A00029619

*Corrected -  
Other corp  
Filed name  
Change amendment  
1-2 wks ago -  
thanks!!  
ls*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 23, 1999

CAPITAL CONNECTION, INC.  
ATTN: L.S.  
417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE, FL 32302

SUBJECT: ORTHOTIC REHABILITATION PRODUCTS, INC.  
Ref. Number: W99000012596

We have received your document for ORTHOTIC REHABILITATION PRODUCTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The original application and certificate were returned to you at our front desk, per your request. Please resubmit the certificate and application so that we may file your authorization.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 199A00037748

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. ORTHOTIC REHABILITATION PRODUCTS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. NEVADA  
(State or country under the law of which it is incorporated)
3. 74-2917720  
(FEI number, if applicable)
4. MAY 17, 1999  
(Date of incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. MAY 27, 1999  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 830 MASON ROAD, SUITE B-1  
KATY, TEXAS 77450  
(Current mailing address)
8. CARRY ON ANY LAWFUL BUSINESS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: BOB SZCZESNY  
Office Address: 7002 E. BROADWAY  
TAMPA, FLORIDA, Florida, 33619  
(Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Bob Szczesny  
(Registered agent's signature)

**11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

## A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: GEORGE MORRISONAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Vice Chairman: NONE

Address: \_\_\_\_\_

Director: GEORGE MORRISONAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Director: TIM TATEAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Director: MARK GOWENAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Director: TIM MILLSAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450

## B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: GEORGE MORRISONAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Vice President: MARK GOWENAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Secretary: MARK GOWENAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450Treasurer: MARK GOWENAddress: 830 MASON ROAD, SUITE B-1  
KATY, TX 77450

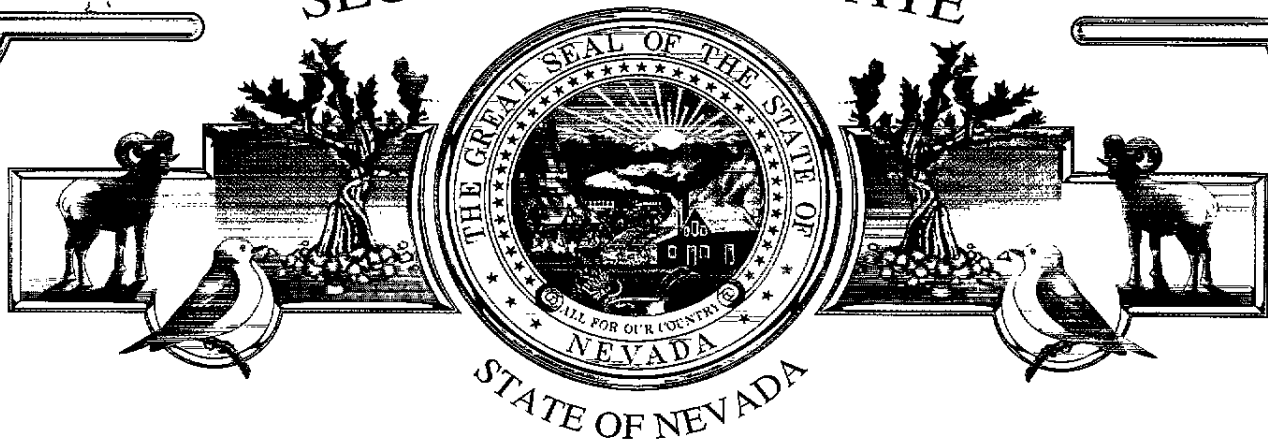
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. GEORGE MORRISON, PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ORTHOTIC REHABILITATION PRODUCTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 17, 1999, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on May 17, 1999.

*Dean Heller*

Secretary of State

By

Certification Clerk

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED