

NIS00000 9684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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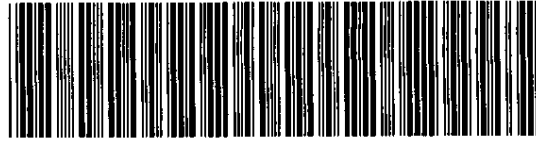
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
MASSACHUSETTS

OCT 02 2015
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COVER LETTER

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

SUBJECT: The Spine Research Foundation, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Phillip J. Garcia
Name (Printed or typed)

16529 JUDY LAKE DR
Address

ODessa, FL 33556
City, State & Zip

813-679-5990
Daytime Telephone number

pgarcia@laserspineinstitute.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Spine RESEARCH FOUNDATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

116529 Joy Lake Dr
ODessa, FL 33556

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To improve patient surgical spine outcomes through clinical research and innovation. To make the entire spine category a better place by offering education and fellowships to future spine surgeons.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by election & selection of the officers of the foundation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Raymond Montalvo</u>	Name and Title:	<u>Secretary - Treasurer</u>
Address:	<u>3965 N. 32 Terrace</u> <u>Hollywood, FL 33021</u>	Address:	

Name and Title:	<u>Reginald Davis, MD</u>	Name and Title:	<u>Vice-President</u>
Address:	<u>1701 N. Lois Dr</u> <u>Tampa, FL 33607</u>	Address:	

Name and Title:	<u>Ken Kenyhercz, MD</u>	Name and Title:	<u>Director</u>
Address:	<u>14706 Waterdune Blvd</u> <u>Tampa FL 33626</u>	Address:	

15 SEP 26 PM 12:00
RECEIVED
SPINE
FUNDATION

Name and Title: Robert Carter IV Name and Title: Director

Address: 4664 Morgan Ct Address: _____
Land of Lakes FL
34638

Name and Title: Patrick Foote - Director Name and Title: _____

Address: 875 S. Village Dr Address: _____
Unit 22
St. Petersburg, FL 33716

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Phillip J. Garcia
Address: 16525 Ivy Lake Dr
Odessa, FL 33556

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PGME Management LLC Phillip Garcia
Address: 16525 Ivy Lake Dr
Odessa, FL 33556

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/28/2015 (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

Phillip J. Garcia
Required Signature of Registered Agent

9/21/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

PGME Management LLC
Required Signature of Incorporator

9/21/2015
Date