# TRANSMITTAL LETTER . 00 JAN 21 AM 7:30

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

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Subject: <u>Custom</u> (Pro	posed corporate name - must include suffix)	
Enclosed is an ori incorporation and a	iginal and one (1) copy of the articles of check for:  000003107051 -01/21/0001102 *****122.50 ****	<b>D1</b> -012
\$70.00	\$78.75 \$122.50 \$131.25	
FROM:	Dwayne Helm (Name - printed or typed)	1 - mm / 25.1
	2233 S. 301 (Address)	
	Sumterville, Fl. 33585 (City/State/Zip)	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
	(Daytime Telephone Number)	क्षण्य : इ.स. १९७७ स्थाप

# articles of incorporation OF Custom Limb + Brace Fabricators, Inc. FLORIDA

### ARTICLE 1

The name of the corporation shall be:

Custom Limb + Brace Fabricators, Inc.

### ARTICLE II

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

2233 S.15.301 Sumferville, Fl. 33585

### ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is  $\leq 00$  with a par value of  $\Rightarrow 000$  (Tex.) each.

# ARTICLE IV

The name and address of the initial registered agent is:

Dwayne Helm 2233 5.301 Sunterville, Fl. 33585

# ARTICLE V

The name(s) Articles of	and street address(es) of Incorporation is (are):	the	incorporator(s)	to	these
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Karyun Helm 2233 S. 301 Sumterville, Fl. 33585

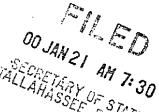
Davayne Helm 2233 S. 301 Sunterville, Fl. 33585

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_, 1979.

(signature)

Waunde | Helm
(sighature)

(Signature)



CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Floridad Richard Statutes, the undersigned corporation, organized under the laws of 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.

1.	The	name	of	the	corporation	is: Custom	Limb	& Brace
						Fabrica	ators,	Inc.

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

> Dwayne Helm
> (Name) 2233 S. 30( (Address) (P.O. Box not acceptable) Sunterville, Fl. (City/State/Zip)

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.