

P000000009420

TRANSMITTAL LETTER

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

FILED  
00 JAN 21 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subject: Custom Limb & Brace Fabricators, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

000003107050--1

-01/21/00--01102--012

\*\*\*122.50 \*\*\*\*78.75

☐

\$70.00

☐

\$78.75

☒

\$122.50

☐

\$131.25

FROM:

Dwayne Helms

(Name - printed or typed)

2233 S. 301

(Address)

Sumterville, Fl. 33585

(City/State/zip)

352-793-7327

(Daytime Telephone Number)

D. BROWN JAN 28 2000

FILED  
00 JAN 21 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

Custom Limb + Brace Fabricators, Inc.

ARTICLE I

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.W. 301

Sumterville, Fl. 33585

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 with a par value of \$10.00 (Ten) each.

ARTICLE IV

The name and address of the initial registered agent is:

Dwayne Helms

2233 S.W. 301

Sumterville, Fl. 33585

**ARTICLE V**

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

Karynn Helm  
2233 S. 301  
Sumterville, Fl. 33585

Dwayne Helm  
2233 S. 301  
Sumterville, Fl. 33585

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8 day of November, 1979.

Karynn Helm  
(Signature)

Dwayne K. Helm  
(Signature)

\_\_\_\_\_  
(Signature)

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

**FILED**  
00 JAN 21 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 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.

1. The name of the corporation is: Custom Limb & Brace  
Fabricators, Inc.
2. The name and address of the registered agent and office is:

Dwayne Helm  
(Name)

2233 S. 301  
(Address)  
(P.O. Box not acceptable)

Suwanville, Fl. 33585  
(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.

Dwayne Helm  
(Signature)

11-8-99  
(Date)