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TRANSMITTAL LETTER

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

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-06/14/00--01034--019
*****87.50 *****87.50

SUBJECT: Eastern Shores Orthopedic Brace, 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: Mary M. McDade
Name (Printed or typed)

96 Heather Point Court
Address

New Smyrna Beach, FL 32169
City, State & Zip

904-427-9018
Daytime Telephone number

FILED
2000 JUN 14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~NOTE~~ Please provide the original and one copy of the articles.

Morey
AUTHORIZATION BY PHONE TO
CORRECT 1 - Spelling
DATE 6-21-00
COC. EXAM OK

OK 6/21

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

EasternShores Orthopedic Brace, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

96 Heather Point Court
New Smyrna Beach, FL 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Orthotic and Orthopedic bracing to appropriate patients.

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Mary M. McDade, President
Abbie J. McDade, Vice President
Robert E. McDade, Secretary & Treasurer

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Mary M McDade
96 Heather Point Court
New Smyrna Beach, FL 32169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary M. McDade
96 Heather Point Court
New Smyrna Beach, FL 32169

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

Mary M. McDade
Signature/Registered Agent

6-12-00
Date

Mary M. McDade
Signature/Incorporator

6-12-00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED