

TRANSMITTAL LETTER

P000000083772

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

300003355083--8
-08/14/00--01073--002
*****78.75 *****78.75

SUBJECT: Flexion, 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: Frank CEO
Name (Printed or typed)
2229 BOUGAINVILLEA ST.
Address
SARASOTA, FL 34239
City, State & Zip
941 330-9294
Daytime Telephone number

00 Sep 5 PM 3:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

franc CEO GAVE
AUTHORIZATION BY PHONE TO
CORRECT Frncorporator
DATE 09-05-00
DOC. EXAM ajc

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

W-20574
8/8/22



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 22, 2000

FRANK CEO
2229 BOUGAINVILLEA ST.
SARASOTA, FL 34239

SUBJECT: FLEXION, INC.
Ref. Number: W00000020574

We have received your document for FLEXION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of 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) 487-6878.

Alan Crum
Document Specialist

Letter Number: 300A00044876

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:

~~Flexion, Inc.~~ Chiro-Flexion, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2229 BOUGAINVILLEA ST.
SARASOTA, FL 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MANUFACTURING, CONSTRUCTION, AND OTHER Lawful
business purposes

ARTICLE IV SHARES

The number of shares of stock is:

-100-

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

FRANK CEO
2229 BOUGAINVILLEA ST.
SARASOTA, FL 34239

ARTICLE VI REGISTERED AGENT

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

FRANK CEO
2229 BOUGAINVILLEA ST.
SARASOTA, FL 34239

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

same as above

FILED
00 SEP -5 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2nd Coo 2nd Coo
Signature/Registered Agent

8/1/00
Date

2nd Coo 2nd Co
Signature/Incorporator

8/1/02
Date

Frank Co