

PO1000052942

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

400004287134--0  
-05/22/01--01059--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** ORTHOTIC FITTERS OF MIAMI 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:** GUSTAVO A. SMITH  
Name (Printed or typed)  
77 N.W. 40 COURT  
Address  
MIAMI, FLORIDA 33126  
City, State & Zip  
(786) 514-0727  
Daytime Telephone number

FILED  
01 MAY 21 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

5-29-01  
10-67-01

**ARTICLES OF INCORPORATION**

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

FILED  
01 MAY 21 PM 3:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ORTHOTIC FITTERS OF MIAMI INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

77 N.W. 40 COURT MIAMI, FLORIDA 33126

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RENDERING FITTING SERVICES TO DURABLE MEDICAL EQUIPMENT COMPANIES AND ORTHOPEDIC DOCTORS.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

GUSTAVO A. SMITH  
77 N.W. 40 COURT MIAMI, FLORIDA 33126

**ARTICLE VI REGISTERED AGENT**

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

GUSTAVO A. SMITH  
77 N.W. 40 COURT MIAMI FLORIDA 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GUSTAVO A. SMITH  
77 N.W. 40 COURT, MIAMI FLORIDA 33126

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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

*Gustavo Smith*

Signature/Registered Agent

5-18-01  
Date

*Gustavo Smith*

Signature/Incorporator

5-18-01  
Date

*T. J. Roche*  
T. J. ROCHE  
Notary Public - State of Florida  
My Commission Expires Sep 13, 2001  
C670397