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SECILLA STATE TALLAMASSEE, FLORIDA

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TERESA ROMAN (TALLAHASSEE REPRES	SENTATIVE)
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CORPORATION NAME(S) & DOCUI	MENT NUMBER(S) (if known):
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Examiner's Initials

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### ARTICLES OF INCORPORATION

SEGNA TOT STATE TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I - NAME

The name of the corporation shall be:

STATE OF THE PARTY OF THE PARTY

north miami orthopedic Supply CORP.

#### ARTICLE II - PRINCIPAL OFFICE

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

<u>713 OPA locka BLVD-OPA locka, FL 33054.</u>

#### **ARTICLE III -SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jorge soto 713 opa locka BLVD Opa locka, FL 33054.

# ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is: Jorge 50+0 713 OPA 10CKA BIVD OPA 10CKA, FL 33054.
The undersigned incorporator has executed these Articles of Incorporation this 12 day of June 2002  Signature

## ARTICLE VI- DIRECTOR(S)

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

Jorge SO+O LP)
Torge SO+O LP)
713 OPA 10CKA BIUD.
OPA 10CKA, F1 33054.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature