

**A03000072575**

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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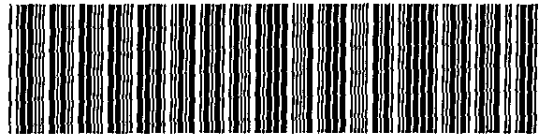
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE

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**TRANSMITTAL LETTER**

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

**SUBJECT: Choice Ortho-Models, Inc.**

**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**

☐ **\$122.50  
Filing Fee  
& Certified Copy**

☐ **\$131.25  
Filing Fee,  
Certified Copy  
& Certificate**

**ADDITIONAL COPY REQUIRED**

**FROM:**

**Christina M. Cladakis  
1835 Santa Barbara Drive  
Dunedin, Florida 34698  
(727) 733-1105**

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 23, 2003

CHRISTINA M. CLADAKIS  
1835 SANTA BARBARA DR.  
DUNEDIN, FL 34698

SUBJECT: CHOICE ORTHO-MODELS, INC.  
Ref. Number: W03000017927

We have received your document for CHOICE ORTHO-MODELS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6878.

Alan Crum  
Document Specialist  
New Filings Section

Letter Number: 303A00038248

## ARTICLES OF INCORPORATION

*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 :

**Choice Ortho-Models, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**Choice Ortho-Models, Inc..  
1835 Santa Barbara Drive  
Dunedin, Florida 34698**

### ARTICLE III SHARES

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

**One Thousand Shares of Common Stock with a par value of One Dollar Per Share**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Christina M. Cladakis  
1835 Santa Barbara Drive  
Dunedin, Florida 34698**

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STATE  
FLORIDA

**ARTICLE V INCORPORATOR(S)**

See instructions for officers / directors

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

**Christina M. Cladakis  
1835 Santa Barbara Drive  
Dunedin, Florida 34698**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this  
11<sup>th</sup> Day of June, 2003.

(An additional article must be added if an effective date is requested.)

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

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

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:**

**Choice Ortho-Models, Inc.**

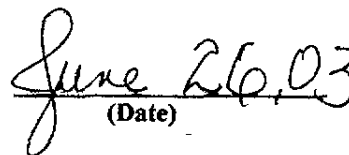
- 2. The name and address of the registered agent and office is:**

**Christina M. Cladakis  
1835 Santa Barbara Drive  
Dunedin, Florida 34698**

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TALLAHASSEE, FLORIDA

*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.*

  
(Signature)

  
(Date)

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314**