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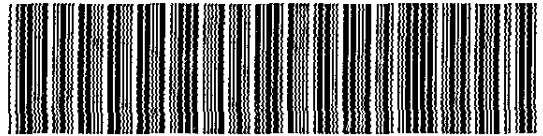
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November 17, 2003

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Bone-A-Fide, Inc.

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF INCORPORATION
OF
BONE-A-FIDE, INC.**

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THE UNDERSIGNED Subscribers to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation for profit under the laws of the State of Florida; and further agree to the following conditions of said Corporation.

ARTICLE I: NAME

The name of the Corporation is: Bone-A-Fide, Inc.

ARTICLE II: NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is to do all things which natural persons and lawful entities might or could lawfully do in the premises and to transact any lawful business for which corporations may be incorporated under the laws of Florida.

ARTICLE III: CAPITAL STOCK

The authorized capital stock of this Corporation is one thousand shares of common stock, each share having a par value of one dollar.

ARTICLE IV: INITIAL CAPITAL

The initial capital of said Corporation is three hundred dollars (\$300.00).

ARTICLE V: TERM OF EXISTENCE

This Corporation shall have perpetual existence unless dissolved by action of law.

ARTICLE VI: ADDRESS

The principal place of business and of this Corporation is 500 West 19th Street, Panama City, FL 32405.

ARTICLE VII: DIRECTORS

This Corporation shall have three Directors initially. The number of Directors may be increased or decreased from time to time as the Stockholders desire, in accordance with Bylaws hereof, but at no time shall there be a number less than one.

ARTICLE VIII: INITIAL DIRECTORS AND OFFICERS

The names and post office addresses of the first Board of Directors and officers of this Corporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>OFFICE</u>
Michael Reed, M.D.	500 West 19 th Street Panama City, FL 32405	Director	President
Michael McCormick, M.D.	213 S. Cove Terrace Drive Panama City, FL 32401	Director	Secretary
Steven Goodwiller, M.D.	402 West 19 th Street Panama City, FL 32405	Director	Treasurer

ARTICLE IX: SUBSCRIBERS

The names and post office addresses of each Subscriber to these Articles of Incorporation, the number of shares of stock each agrees to take, and the value of the consideration paid therefore are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. OF SHARES</u>	<u>AMOUNT PAID</u>
Michael Reed, M.D.	500 West 19 th Street Panama City, FL 32405	100	\$100.00
Michael McCormick, M.D.	213 S. Cove Terrace Drive Panama City, FL 32401	100	\$100.00
Steven Goodwiller, M.D.	402 West 19 th Street Panama City, FL 32405	100	\$100.00

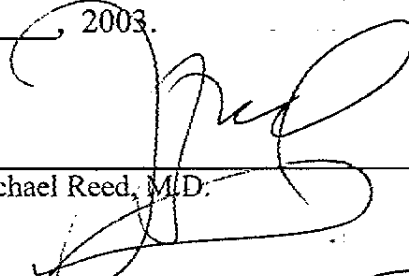
ARTICLE X: REGISTERED AGENT

The Registered Agent is: Diane C. Hare, CPA, 3003 South Hwy 77, Lynn Haven, FL 32444.

ARTICLE XI: AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders meeting by a majority of the Stockholders.

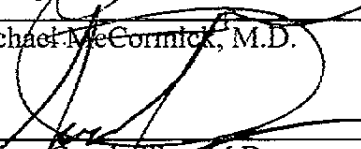
IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals this 4th day of November, 2003.



Michael Reed, M.D.



Michael McCormick, M.D.



Steven Goodwill, M.D.

STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgments, personally appeared Michael Reed, who is personally known to me or who has produced the identification specified below, who acknowledged to and before me that he is the person who executed the foregoing Articles of Incorporation for the uses and purposes set forth therein.

WITNESS my hand and official seal in the County and State aforesaid this 4th day of NOVEMBER, 2003.

☒ To me personally known
Identified by _____
Issued by _____

NOTARY PUBLIC:

Printed Name: _____
My Commission Expires: _____
Commission Number: _____



STATE OF FLORIDA
COUNTY OF BAY

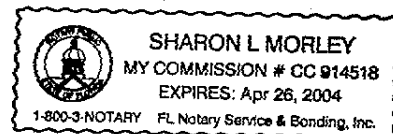
I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgments, personally appeared Michael McCormick, who is personally known to me or who has produced the identification specified below, who acknowledged to and before me that he is the person who executed the foregoing Articles of Incorporation for the uses and purposes set forth therein.

WITNESS my hand and official seal in the County and State aforesaid this 4th day of NOVEMBER, 2003.

☒ To me personally known
Identified by _____
Issued by _____

NOTARY PUBLIC:

Printed Name: _____
My Commission Expires: _____
Commission Number: _____



STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this day, before me, an officer duly qualified to take acknowledgments, personally appeared Steven Goodwiller, who is personally known to me or who has produced the identification specified below, who acknowledged to and before me that he is the person who executed the foregoing Articles of Incorporation for the uses and purposes set forth therein.

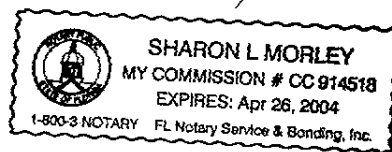
WITNESS my hand and official seal in the County and State aforesaid this 24th
day of NOVEMBER, 2003.

☒ To me personally known
Identified by _____
Issued by _____

NOTARY PUBLIC:

Sharon L. Morley

Printed Name:
My Commission Expires:
Commission Number:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

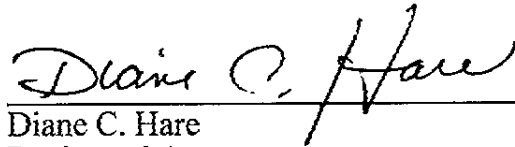
In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

Bone-A-Fide, Inc., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation, at Panama City, County of Bay, State of Florida, has named Diane C. Hare, 3003 South Hwy 77, Lynn Haven, Panama City, County of Bay, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above-stated Corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

BY:


Diane C. Hare
Registered Agent

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