

BY4000082907

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(City/State/Zip/Phone #)

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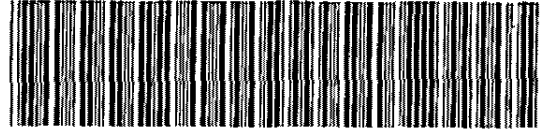
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/04--01035--004 **70.00

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04 MAY 24 PM 1:55
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

TRANSMITTAL LETTER

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

SUBJECT: SPINE O NOMICS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: C M Reynolds III
Name (Printed or typed)

1877 W. State Rd 434
Address

LONG WOOD, FL. 32750
City, State & Zip

407-830-7464
Daytime Telephone number

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

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:

Spine O Nomics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1877 W. State Rd. 434
Longwood, Fl. 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

C. M. Reynolds III
1877 W. State Rd. 434
Longwood, Fl. 32750

ARTICLE VI REGISTERED AGENT

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

C. M. Reynolds III
1877 W. State Rd. 434
Longwood, Fl. 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

C. M. Reynolds III
1877 W. State Rd. 434
Longwood, Fl. 32750

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

Signature/Registered Agent

Signature/Incorporator

FILED

04 MAY 24 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/1/04
Date

5/1/04
Date