

P05000039228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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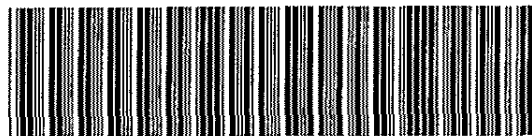
(Business Entity Name)

(Document Number)

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

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03/07/05--01082--016 \*\*129.75

05 MAR -7:41 PM '05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

APPROVED  
AND  
FILED

CD 3-15

## TRANSMITTAL LETTER

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

SUBJECT: PAID Management Technologies 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: Steve Letkovitz  
Name (Printed or typed)

24430 Pennyroyal Dr.  
Address

Bonita Springs FL 34134  
City, State & Zip

330-328-7474  
Daytime Telephone number

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

# CERTIFICATE OF DOMESTICATION

APPROVED  
AND  
FILED

The undersigned, Steve Zepovitz, Pres.  
(Name) (Title) 05 MAR -7 PM 2:41  
of Pain Management Technologies Inc. a foreign Corporation  
(Corporation Name) SECRETARY OF STATE  
in accordance with F.S., 607.1801 does hereby certify: FLORIDA

1. The date on which corporation was first formed was OCT 21, 1991.
2. The jurisdiction where the above named corporations was first formed, incorporated, or otherwise came into being was OHIO.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Pain Management Technologies Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Pain Management Technologies Inc.
5. The jurisdiction that constituted the seat, siege, social principal place of business or central administration of the corporation, or any other equivalent thereto under applicable law immediately prior to the filing of the Certificate of Domestication was Ohio
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Steve Zepovitz, of Pain Management Tech Inc.  
and am authorized to sign this certificate of Domestication on behalf of the corporation and have done so this the 3rd day of March, 2005.

[Signature]  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

APPROVED  
AND  
FILED

05 MAR -7 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: *Pain management Tech, Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*Pain management tech  
2443D Pennyroyal Dr.  
Bonita Springs Fl. 34134.*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Sell medical supplies*

### ARTICLE IV SHARES

The number of shares of stock is:

*100*

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Steve Letkovitz Pres.  
2443D Pennyroyal Dr.  
Bonita Springs Fl 34134.*

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Steve Letkovitz  
2443D Pennyroyal Dr.  
Bonita Springs Fl 34134.*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Steve Letkovitz  
2443D Pennyroyal Dr.  
Bonita Springs Fl. 34134.*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*3-3-05*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*3-3-05*  
\_\_\_\_\_  
Date