

P05000075024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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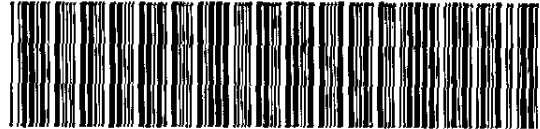
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

05 MAY 23 AM 11:06

5/24/05  
BHK

W05-24665

## TRANSMITTAL LETTER

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

SUBJECT: Performance Orthotics, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Pamela Tuten  
Name (Printed or typed)

5151 NW 82 Terrace  
Address

Coral Springs, FL 33067  
City/State & Zip

954-675-0304  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 16, 2005

PAMELA TUTTEN  
5151 NW 82 TERRACE  
CORAL SPRINGS, FL 33067

SUBJECT: PERFORMANCE ORTHOTICS  
Ref. Number: W05000024665

We have received your document for PERFORMANCE ORTHOTICS 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6840.

Bruce W Kitchens  
Document Specialist  
New Filings Section

Letter Number: 205A00035083

**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:

*Performance Orthotics, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*7644 North Nob Hill Rd  
Tamarac, FL 33321*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide custom and prefabricated orthotics*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1000*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Pamela Tutton, owner  
5151 NW 82 Terrace  
Coral Springs, FL 33067*

**ARTICLE VI REGISTERED AGENT**

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

*Pamela Tutton  
5151 NW 82<sup>nd</sup> Terrace  
Coral Springs, FL 33067*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Pamela Tutton  
5151 NW 82<sup>nd</sup> Terrace  
Coral Springs, FL 33067*

\*\*\*\*\*

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:

*P. Tutton*  
\_\_\_\_\_  
Signature/Registered Agent

*5/10/05*  
\_\_\_\_\_  
Date

*P. Tutton*  
\_\_\_\_\_  
Signature/Incorporator

*5/10/05*  
\_\_\_\_\_  
Date

FILED

05 MAY 23 AM 11:06

CLERK OF STATE  
TALLAHASSEE, FLORIDA