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TALLAHASSEE, FLORIDA

8/2/8

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fucci Orthopedics, Inc.

Signature _____

Requested by: *WC*

Name _____

Date *12/7*

Time *3:00*

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☒ Art of Inc. File _____

_____ LTD Partnership File _____

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ARTICLES OF INCORPORATION

OF

Fucci Orthopedics, Inc.

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TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **Fucci Orthopedics, Inc.**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is **3327 Jadewood Circle, Tarpon Springs, FL 34688**

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of (\$1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Joseph Fucci, 3327 Jadewood Circle, Tarpon Springs, FL 34688**

ARTICLE V: OFFICER AND DIRECTOR

The name and address of the initial Officer and Director is:

Joseph Fucci, P/VP/S/T/D, 3327 Jadewood Circle, Tarpon Springs, FL 34688

ARTICLE VI: SPECIAL PROVISIONS


It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

ARTICLE VII: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

The undersigned has executed these Articles of Incorporation this 7th day of December 2005.

Your Capital Connection, Inc. by Weimar Lopez, Client Representative



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: Fucci Orthopedics, Inc.

2. The name and street address of the registered agent and office is: Joseph Fucci
3327 Jadewood Circle, Tarpon Springs, FL 34688

HAVE 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

Printed Name: Joseph Fucci

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