# 106000022218

(Requestor's Name)				
(Address)	<del></del>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	<u>_</u>			
Special Instructions to Filing Officer:				

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# TRANSMITTAL LETTER

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

SUBJECT: IMPLAI	NT INNOVATIONS AND MEDICA (PROPOSED CORPORA	L DEVICES, INC. TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
<b>.</b>	·			
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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 o Status	
		ADDITIONAL COPY REQUIRED		
FROM: NIC	COLLE RASMUSSEN			
	Name	(Printed or typed)		
	4810 LYNN OAKS CIRCLE			
		Address		
	DOVER, FL 33527			
	City,	State & Zip	<del></del>	
	813-707-0234			
	Daytime T	elephone 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:

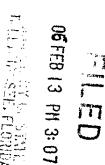
IMPLANT INNOVATIONS AND MEDICAL DEVICES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4810 LYNN OAKS CIRCLE DOVER, FL 33527

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: "PROFESSIONAL CORPORATION"



### ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND SHARES OF COMMON STOCK WITH A PAR VALUE OF ONE DOLLAR (\$1.00)

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NICOLLE RASMUSSEN - PRESIDENT 4810 LYNN OAKS CIRCLE DOVER, FL 33527

#### ARTICLE VI REGISTERED AGENT

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

NICOLLE RASMUSSEN 4810 LYNN OAKS CIRCLE DOVER, FL 33527

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN M. BOYLAN BOYLAN & BOYLAN 600 BYPASS DRIVE SUITE 104 CLEARWATER. FL 33764

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

50-1

Date

2/1/06 Date