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COVER LETTER

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

SUBJECT:	18tho Snine Trinds	INC.		
	(PROPOSED CORPORA)	TENAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Violet Morris	(Printed or typed)		
	5751 NW 56	Manor		
	Coral Springs	Florida 33 State & Zip	5067	
501-513-8756 Daytime Telephone number				

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



February 21, 2006

VIOLET MORRIS 5751 NW 56 MANOR CORAL SPRINGS, FL 33067

SUBJECT: ORTHO SPINE TRENDS, INC.

Ref. Number: W06000008599

We have received your document for ORTHO SPINE TRENDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6931.

Letter Number: 906A00012368

Becky McKnight Document Specialist New Filing Section

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: Office Spine Kends, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: U413 Conquess Owl. # 3 BUNGARD ASSOCIATES BOCA RATION, Florida 33 ARTICLE III PURPOSE /0 Blen Bungard The purpose for which the corporation is organized is: Medical Sales	140 487
ARTICLE IV SHARES The number of shares of stock is:	• • • • • • • • • • • • • • • • • • •
List name(s), address(es) and specific title(s): MS. VIOLA L. MORTIS 5151 NW SU MANOR CORN Springs, FL 33047 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: MS. VIOLA MORTIS 5751 SU MANOR CORN Spas., FL 33047 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MS. VIOLA L. MORTIS 5751 NW SU MANOR CORN Spas., FL 33047 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MS. VIOLA L. MORTIS 5751 NW SU MANOR CORN Spas., FL 33047	SECRETARY OF STATE SECRETARY OF
Having been named as registered agent to accept service of process for the above stated corporation at the place descertificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Out	

. . .