

PO6000066561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

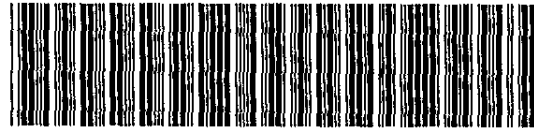
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/11/06--01015--008 **70.00

06 MAY 11 AM 8:44
DIVISION

COVER LETTER

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

SUBJECT: THIRD HALF ORTHOPEDICS, 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: TIM FLANAGAN
Name (Printed or typed)

1727 BAYOU GRANDE BLVD NE,
Address

ST. PETERSBURG, FL 33703
City, State & Zip

727 278-8305
Daytime Telephone 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)

SEC
DIVISION

05 MAY 11 AM 8:44

ARTICLE I NAME

The name of the corporation shall be:

THIRD HALF ORTHOPEDICS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1727 BAYOU GRANDE BLVD N.E.
ST. PETERSBURG, FL 33703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUSINESS
SALES OF MEDICAL PRODUCTS

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):

TIM FLANAGAN, PRESIDENT
ADDRESS ABOVE
CORINNE FLANAGAN, V.P.
ADDRESS ABOVE

ARTICLE VI REGISTERED AGENT

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

TIM FLANAGAN
1727 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL 33703

ARTICLE VII INCORPORATOR

The name and address of the

TIM FLANAGAN
1727 BAYOU GRANDE BLVD NE
ST. PETERSBURG, FL 33703

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

Signature/Incorporator

5/8/06
Date

5/8/06
Date