

PO60000097589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

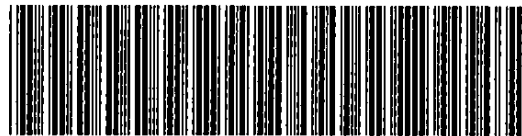
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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06 JUL 24 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/26/06

COVER LETTER

FILED

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

06 JUL 24 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: SHELL MEDICAL 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: DAVID STRICKLAND  
Name (Printed or typed)

12700 BARTRAM PARK BLVD #1721  
Address

JACKSONVILLE FL 32258  
City, State & Zip

904-705-5100  
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)

## ARTICLE I NAME

The name of the corporation shall be: **SHELL MEDICAL INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **12700 BARTRAM PARK BVD  
#1721  
JACKSONVILLE FL 32258**

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **SEVES OF MEDICAL DEVICES, ORTHOPEDIC  
IMPLANTS AND BRACES**

## ARTICLE IV SHARES

The number of shares of stock is: **1**

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**DAVID STRICKLAND, PRESIDENT**

## ARTICLE VI REGISTERED AGENT

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

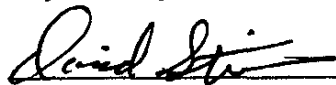
**DAVID STRICKLAND  
12700 BARTRAM PARK BVD  
#1721  
JACKSONVILLE FL 32258**

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**DAVID STRICKLAND  
12700 BARTRAM PARK BVD  
#1721  
JACKSONVILLE FL 32258**

\*\*\*\*\*  
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

**7/19/06**

Date

**7/19/06**

Date

06 JUL 24 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED