

P07000113834

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DIVISION OF CORPORATIONS
07 OCT 15 AM 8:38

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COVER LETTER

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07 OCT 15 AM 8:38

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

SUBJECT: DePuyusko Orthopaedics 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: Mike Yusko
Name (Printed or typed)

13429 Niti Drive
Address

Hudson, FL 34669
City, State & Zip

(727) 992-9532
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

07 OCT 15 AM 11:41

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 21, 2007

MIKE YUSKO
13429 NITI DRIVE
HUDSON, FL 34669

SUBJECT: DEPUYUSKO ORTHOPEDICS INC.
Ref. Number: W07000047000

We have received your document for DEPUYUSKO ORTHOPEDICS 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):

Please list the street address of each officer/director.

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

Please return the corrected 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 407A00055768

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: DePuyusko Orthopaedics Inc.
13429 Niti Drive
Hudson, FL 34669

07 OCT 15 AM 8:39

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

MIKE YUSKO c/o DePuyusko Orthopaedics
13429 Niti Drive
Hudson, FL 34669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Independent Contractor of Medical Sales

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):

Mike Yusko - Sole Proprietor
13429 Niti Drive
Hudson, FL 34669

ARTICLE VI REGISTERED AGENT

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

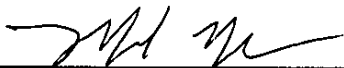
13429 Niti Dr
Hudson, FL 34669

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mike Yusko
13429 Niti Drive
Hudson, FL 34669

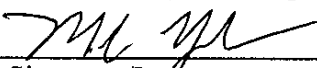
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9-17-07

Date



Signature/Incorporator

9-17-07

Date