

PO8000044581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

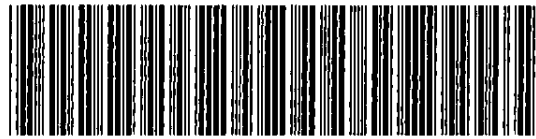
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/08--01025--004 **70.00

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08 MAY -2 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: QSpine

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Robert Quinn

Name (Printed or typed)

15417 Martinmeadow dr

Address

Lithia, FL 33547

City, State & Zip

813-675-5464

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:

QSpine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

15417 Martinmeadow dr. Lithia, FL 33547

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sale of medical supplies and related materials.

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):

Robert Quinn, President

15417 Martinmeadow Dr. Lithia, FL 33547

ARTICLE VI REGISTERED AGENT

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

Robert Quinn

15417 Martinmeadow Dr. Lithia, FL 33547


ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Robert Quinn

15417 Martinmeadow Dr. Lithia, FL 33547

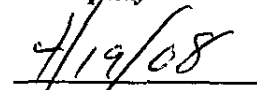
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Signature/Registered Agent


Signature/Incorporator

FILED
08 MAY -2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date