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44

## COVER LETTER

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

**SUBJECT:** Garcia 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Yvette Garcia, President Garcia Orthopedics, Inc.

Name (Printed or typed)

9801 Meadow Field Circle

Address

Tampa, FL 33626

City, State & Zip

(727) 644-8817

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:

Garcia Orthopedics, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

9801 Meadow Field Circle  
Tampa, FL 33626

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales and distribution of Orthopedic 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):

Yvette Garcia *P.S.T.*  
9801 Meadow Field Circle  
Tampa, FL 33626

### **ARTICLE VI REGISTERED AGENT**

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

Jim Dixon Consulting, CPA, P.A.  
3450 East Lake Rd., Suite 307  
Palm Harbor, FL 34685

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Yvette Garcia  
9801 Meadow Field Circle  
Tampa, FL 33626

\*\*\*\*\*

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

*9/17/08*  
\_\_\_\_\_  
Date  
*9/18/08*  
\_\_\_\_\_  
Date

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