# P090000/8242

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SECRETARY OF STATE TALL AHASSEE, FLOATE

A

# **COVER LETTER**

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

SUBJECT: South	coast Orthopedics, Inc.			
<u> </u>	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
` <b>☑ \$</b> 70.00	<b>\$78.75</b>	□ \$78.75	□ \$87.50	
Filing Fee	•	Filing Fee	Filing Fee,	
r ming r cc	& Certificate of Status	& Certified Copy	Certified Copy	
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	ADDITION		AL COPY REQUIRED	
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FROM: Ja				
	Name	(Printed or typed)	_	
	219 Inlet Way			
		Address	<del></del>	
	Dalan Basah Charas Elada 224	0.4		
	Palm Beach Shores, Florida 334	State & Zip	<del> </del>	
	City	ome w tih		
	561-324-0029	Palankana		
	Daytime i	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)

09 FEB 24 PM 2: 28

SECRETARY OF STATE TALL **AHASSEE. FLORIDA** 

CATALOGUE, P. LINES

# ARTICLE I NAME

The name of the corporation shall be:

Southcoast Orthopedics, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

219 Inlet Way

Palm Beach Shores, Florida 33404

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sales

#### ARTICLE IV SHARES

The number of shares of stock is:

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jason Paruta ( President)

219 Inlet Way

Palm Beach Shores, Fl. 33404

Mindi Paruta (Secretary)

219 Inlet Way, Palm Beach Shores, Fl. 33404

#### ARTICLE VI REGISTERED AGENT

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

Mindi Paruta

219 Inlet Way

Palm Beach Shores, Fl. 33404

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jason Paruta

219 Inlet Way

Palm Beach Shores, Florida 33404

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 Agen

Date

2.18.09

Date

Signature/Incorporator