

P09000079441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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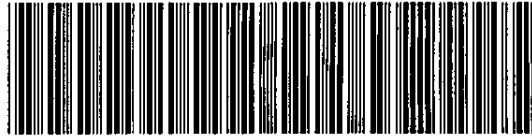
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 SEP 23 PM 4:41

9/24/09

COVER LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 SEP 23 PM 4:41

SUBJECT: BRACE MED 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
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:

MICHAEL S. STEEN

Name (Printed or typed)

1407 BETA COURT

Address

LAKE CLARKE SHORES, FL. 33406

City, State & Zip

(561) 371-1435

Daytime Telephone number

FPW10@MSN.COM

E-mail address: (to be used for future annual report notification)

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)

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ARTICLE I NAME

The name of the corporation shall be: **Brace Med Orthopedics, Inc**

ARTICLE II PRINCIPAL OFFICE

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

1920 Palm Beach Lakes Blvd Suite 104
West Palm Beach, Fl. 33409

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Michael S. Steen, P
1920 Palm Beach Lakes Blvd Suite 104
West Palm Beach, Fl 33409

ARTICLE VI REGISTERED AGENT

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

Michael S. Steen
1407 Beta Court N
Lake Clarke Shores, Fl 33406

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael S. Steen
1920 Palm Beach Lakes Blvd. Suite 104
West Palm Beach, Fl. 33409

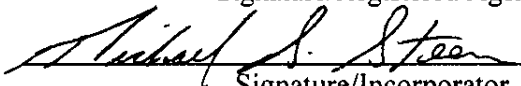
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09/19/09

Date



Signature/Incorporator

09/19/09

Date