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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

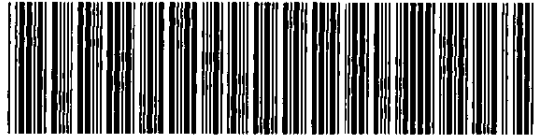
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2010 JAN 25 P 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 26 2010
D. A. WHITE

COVER LETTER

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

SUBJECT: Orthopedic Management Services 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: Mary Ann Gardner

Name (Printed or typed)

305 North Village St.

Address

Celebration, FL 34747

City, State & Zip

407-566-9085

Daytime Telephone number

mrynngardner@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

Orthopedic Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

305 North Village St
Celebration, FL 34747

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business investment and Expense Management

ARTICLE IV SHARES

The number of shares of stock is:

100. No par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mary Ann Gardner, President

ARTICLE VI REGISTERED AGENT

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

Mary Ann Gardner
305 North Village St
Celebration, FL 34747

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Ann Gardner
305 North Village St
Celebration, FL 34747

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

Mary Ann Gardner

21 January, 2010

Date

Signature/Incorporator

Mary Ann Gardner

21 January, 2010

Date

FILED

2010 JAN 25 P 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA