P11000056273

(Requestor's Name)				
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(City	/State/Zip/Phone	e #)		
PICK-UP	■ WAIT	MAIL		
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(Doc	cument Number)			
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Certified Copies	Certificates	s of Status		
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SECRETARY OF STALL MINISTER OF CORPORATIONS

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COVER LETTER

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

SUBJECT: PRECISION SURGICA	L, INC	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE</u>	SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a ch	eck for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy 6	687.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY	REQUIRED
•		
FROM: SETH T STEIN Name	(Printed or typed)	
914 PALM COVE DR		
A	Address	
ORLANDO, FL 32835		
City,	State & Zip	
(407)721-9700	1-1	
Daytime T	elephone number	
SethTStein@yahoo.com E-mail address: (to be used	for future annual report notific	cation)

NOTE: Please provide the original and one copy of the articles.



June 1, 2011

SETH STEIN 914 PALM COVE DR ORLANDO, FL 32835

SUBJECT: PRECISION SURGICAL, INC.

Ref. Number: W11000029945

We have received your document for PRECISION SURGICAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 411A00013400

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME - Precision Surgical, Inc.	. Precision	Surgical Of Florida, inc.
ARTICLE II	PRINCIPAL OFFICE		,
	Principal street address	Mailing add	ress, if different is:
	914 Palm Cove Dr		
2	Orlando, FL 32835	·	
-			
ARTICLE III	DITEDOGE		•
	which the corporation is organized is:		
The purpose for w	men die corporation is organized is.		
Any and all la	awful business.		
ARTICLE IV	SHARES		
	res of stock is: five-hundred (500) share	es authorized	
	, ,		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		
Name and 11 Address:	itle:Seth T Stein, President/Director 914 Palm Cove Dr		
Address.	Orlando, Fl. 32835		
	Onannu, Ft. 32033		
Name and Ti	itle:	Name and Title:	
Address:		Address:	
Name and Ti	itle:	Name and Title:	
Address:		Address:	
ADDICT P 177	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)	of the registered against in	= ≤ <u>∞</u>
Name:	O -4h T O4-1-		⊱ 500
Address:	914 Palm Cove Dr		
	Orlando FL 32835	_	= 48
	•	_	0. 83
	INCORPORATOR		
	iress of the incorporator is:		<u> </u>
Name: Addr e ss:	Seth T Stein	_	
Address:	914 Palm Cove Dr Orlando, FL 32835		
	Channo, L. Szodo		30
Having been name this certificate of an	ed as registered agent to accept service of proce in familiar with and accept the appointment as re	ess for the above stated corp rgistered agent and agree to	oration at the place designated in act in this capacity
Jel	both		5/26/11
0	Required Signature/Registered Agent		Date
l suhmit this door	ment and affirm that the facts stated herein ar	to total I am amount that the	Colon information on business .
document to the D	ment und ujjirm that the jacis stated neven ar epart <u>ment of State c</u> onstitutes a third degree feloi	e u ae. 1 um aware indi ine m as provided for in c 917 1	r juise injormanon suomittea in a ess ess
1	711	ny uo provincii jor in 8.61/.1	JJy I'nā.
	'Val		EIDE IA A
-	Required Signature/Incorporator		5/26/11
\ /-	ACOGULOU DIKIMALI O INCLUDOI AUI		Date