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Division of Corporations

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From:

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: YOUR CAPITAL CONNECTION, INC.

Account Number: 120000000257 Phone

: (850)224-8870

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION Orthopedic Specialists of the Treasure Coast, Inc.

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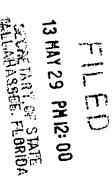
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COVER LETTER

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SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFF(X)
England are an oute			
Etterosen are an on8	inal and one (1) copy of the ar	ucies of incorporation and	1 a check for;
\$70.00	□ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
•			Status
		ADDITIONAL CO	PY REQUIRED

M:	Ty Scrivens			
	Name (Printed or typed)			
	5305 Greenwood Ave Suite 103			
	Address			
	West palm Beach, Fl. 33407			
	City, State & Zip			
	Daytime Telephone number			
	scrvty@me.com			
	E-mail address: (to be used for future annual report notification)			

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

MAY. 29. 2013 11:04AM

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

e name of the corpo	RINCIPAL OFFICE			至市	三
OF Croom	Principal <u>street</u> address		failing address, if diffe	eron is:	29
	vood Ave. Sulte 103		ox 33295	00 EV	
est Palm E	Beach	Palm I	Beach Garde	ens 35	8H 12:
orida, 3340	07	Florida	a, 33420	97	ي ا
TICLE III PU	RPOSE h the corporation is organized is: Any lav	vful busines	s purpose.		
			<u> </u>		
		-			
TICLE IV SI	YARES 400			,	
TICLE IV SI	HARES 100 of stock is:			,	•••
number of shares	of stock is:	25			•
number of shares	of stock is; 100 IITIAL OFFICERS AND/OR DIRECTOR			,	•
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number of shares	of stock is: 100 IITIAL OFFICERS AND/OR DIRECTOR itle: Ty Scrivens, President 5305 Greenwood Ave.			,	
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number of shares TICLE V IN	Trial of Ficers AND/OR DIRECTOR itle: Ty Scrivens, President 5305 Greenwood Ave. Suite 103 West Palm Beach, Fl. 33407	Name and Title: Address: Name and Title:			
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Name and Taked	Trial of Ficers AND/OR DIRECTOR itle: Ty Scrivens, President 5305 Greenwood Ave. Suite 103 West Palm Beach, Fl. 33407	Name and Title: Address: Name and Title: Address:			
Name and Taked	Trial of Ficers AND/OR DIRECTOR To Scrivens, President 5305 Greenwood Ave. Suite 103 West Palm Beach, Fl. 33407	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:			

(conti,)

Name an Address	d Title:	Name and Title;
ARTICLE VI The <u>name and B</u> i Name:	orida afreet address (P.O. Box NOT acceptable) of Neal Lichtblau	the registered agent is:
Address:	3300 Pga Blvd Suite 700 Palm Beach Gardens, Fl. 33410 INCORPORATOR	Y 29 PM I2: 00 TASSEE, FLORIE
	ldress of the incorporator is:	DATE OF
Name: Address:	Ty Scrivens P.O. Box 33295 Palm Beach Gardens, Fl. 33420	
Having been nai this certificate, I	ned as registered agent to accept service of process am familiar with had accept the appointment as reg	for the above stated corporation at the place designated in sistered agent and agree to act in this capacity May 28th, 2013
I submit this do document to the	Required Signature/Registered Agent coment and affirm that the facts stated herein are Department of State constitutes a third degree felon Required Signature/Incorporator	Date true. I am aware that the false information submitted in a gras provided for in s.817.155, F.S. May 28th, 2013 Date