

JAN/31/2014 FRI 1:50 AM

1/31/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
ORTHOCARE RX, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FAX No.

P.002
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

ORTHOCARE RX, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1000 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

Mailing address, if different is:

1000 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **(P) SERGIO MENA**

Address

1000 PONCE DE LEON BLVD

CORAL GABLES, FL 33134

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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DIVISION OF CORPORATIONS
(cont)
14 JAN 31 PM 1:15

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SERGIO MENA
Address: 1000 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SERGIO MENA
Address: 1000 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

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

X _____ 1/27/2014
Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

X _____ 1/27/2014
Required Signature/Incorporator Date