

UND 5/20

Charter Number Only

5/16/14

Guy Sperduto

Requestor's Name

89123

Stirling Rd

Address

Cooper City FL 33328

City

State

ZIP

Phone

VALIDATION ONLY

FILED
14 MAY 19 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Trinity Orthopedics Inc.



Empire Toll Free: 1-800-432-3028

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other. **Conversion**

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk-In ☐ Will Wait

☒ Pick Up ☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Trinity Orthopedics, Inc.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Guy Sperduto

Contact Person

Guy D. Sperduto, CPA

Firm/Company

8963 Stirling Road Suite 101

Address

Cooper City, FL 33328

City, State and Zip Code

helen@accountinglinkusa.com

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

For further information concerning this matter, please call:

Guy Sperduto

Name of Contact Person

at (954) 432-0272

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☒ \$113.75 Filing Fees
and Certified Copy

☐ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2014

EMPIRE
WALK-IN

SUBJECT: TRINITY ORTHOPEDICS, INC.
Ref. Number: W14000028639

We have received your document for TRINITY ORTHOPEDICS, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

The Certificate of Conversion must be signed by an authorized person.

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) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 914A00009688

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: Trinity Orthopedics, Inc.

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Please return all correspondence concerning this matter to:

Guy Sperduto

Contact Person

Guy D. Sperduto, CPA

Firm/Company

8963 Stirling Road Suite 101

Address

Cooper City, FL 33328

City, State and Zip Code

helen@accountinglinkusa.com

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

For further information concerning this matter, please call:

Guy Sperduto

Name of Contact Person

at (954) 432-0272

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and Certified Copy

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STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
14 MAY 19 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Trinity Orthopedics, LLC

2141000062533

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC

(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on 04/16/2014

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Trinity Orthopedics, Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 1st day of May, 20 14.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: Guy D. Serrano Title: Incorporator

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: Guy D. Serrano Title: Incorporator

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 19 AM 8:49

FILED

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: Trinity Orthopedics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

5805 NW 42nd Terrace

Boca Raton, FL 33496

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Practice

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edgar G. Handal P

Name and Title: _____

Address: 5805 NW 42nd Terr

Address: _____

Boca Raton, FL 33496

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Guy D. Sperduto

Address: 8963 Stirling Road Ste 101

Cooper City, FL 33328

14 MAY 19 AM 8:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guy Spurduto
Address: 8963 Stirling Road Ste 101
Cooper City, FL 33328

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY 19 AM 8:49

FILED

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

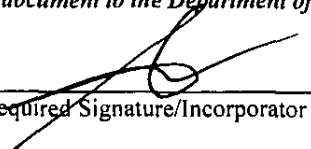


Required Signature/Registered Agent

5/1/14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



Required Signature/Incorporator

5/1/14

Date