

P16000047885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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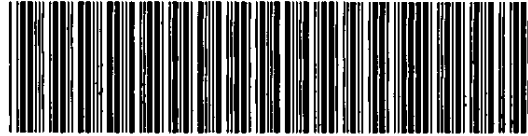
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 26 PM 3:26

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06/02/16

COVER LETTER

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

SUBJECT: S & B Ortho Inc.
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Steve Smith
Name (Printed or typed)

9585 S Appaloosa Ave
Address

Floral City, Florida 34436

City, State & Zip

(352) 422-7860
Daytime Telephone number

stsmith1972@gmail.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: S & B Ortho Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9585 S Appaloosa Ave

Floral City, Florida 34436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

sales/service and or any other business of a lawful nature

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Smith - president

Name and Title: _____

Address 9585 S Appaloosa Ave

Address: _____

Floral City, Florida 34436

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Steve Smith

Address: 9585 S Appaloosa Ave

Floral City, Florida 34436

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Steve Smith

Address: 9585 S Appaloosa Ave

Floral City, Florida 34436

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Steve Smith
Required Signature/Registered Agent

4/25/14
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.

Steve Smith
Required Signature/Incorporator

4/25/14
Date

16 MAY 26 PM 3:24