P170000 39732

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	·
PICK-UP WAIT	MAIL
(Business Entity Name)	· · · ·
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

Office Use Only

N. SAMS MAY 03 2017



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FLORIDA DEPARTMENT OF STATE Division of Corporations

#ILED 17 MR 24 PH 3: 14

March 8, 2017

MICHAEL ZAJACK 7287 NW 122ND AVE PARKLAND, FL 33076

SUBJECT: Z SPINE INC. Ref. Number: W17000019469

We have received your document for Z SPINE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The signature section of the conversion document has to has to be signed also. The signature section for Signature(s) on behalf of Other Business Entity has to be signed.

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.

Nadira D McClees-Sams Regulatory Specialist II New Filing Section

Letter Number: 517A00004483



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2017

MICHAEL ZAJACK 7287 NW 122ND AVE PARKLAND, FL 33076

SUBJECT: ZSPINE INC.

Ref. Number: W17000026523

We have received your document for ZSPINE INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the section for Required Signature for Florida Profit Corporation, on Behalf of Other Business Entity, and the officer/directors fields are not acceptable. Please refer to the following link for acceptable officer/director title information. http://www.sunbiz.org.titledef.html.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 617A00005904

www.sunbiz.org

Division of Corporations DO POV 6297 Tallahassas Florida 2021

COVER LETTER

TO:	Charter Section Division of Co.					
SUBJ	ECT: Z Spine Inc					
9014		Name of	Resulting Florida	a Profit	Corporation	
		e of Conversion, Article Profit Corporation" in ac			ces are submitted to convert an "Other Busin 15, F.S.	ies:
Please	return all corresp	oondence concerning this	s matter to:			
Michae	el Zajack					
***********		Contact Person	***************************************	-		
Z Spin	e Inc			_		
		Firm/Company	,	_		
7287 N	W 122nd Ave			_		
		Address				
Parkla	nd FL 33076			_		
		City, State and Zip Code	e			
	ijack@gmail.com			_		
F	E-mail address: (1	o be used for future annu	ual report notifica	ation)		
For fu	rther information	concerning this matter,	please call:			
Michae	el Zajack		at (617	548-7	7050	
	Name of Co	ontact Person		ode and	d Daytime Telephone Number	
Enclos	ed is a check for	the following amount:				
□ \$10	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filin and Certified C		■\$122.50 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRESS: ilings Section				ING ADDRESS:	

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

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

Certificate of Conversion For Susiness Entity" Into

Florida Profit Corporation

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:
Z Spine Inc.
Enter Name of Other Business Entity
2. The "Other Business Entity" is a S Corp
(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 New York
(Enter state, or if a non-U.S. entity, the name of the country)
1/1/2011 on
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: Florida
4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:
Z Spine Inc.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: (The effective date: 1) connect be prior to not more than 90 days often the date this decorporation filed by the Flori
(The effective date: 1) cannot be prior to not more than 90 days after the date this document is filed by the Figri
Department of State: <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation if an effective date is listed therein.)
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.

Page 1 of 2

day or	, żū ¹⁷
Required Signature for Florida Profit Corpora	tion:
Signature of Chairman, Vice Chairman, Director, Incorporator: Printed Name: Michael Zajack Title:	Officer, or, if Directors or Officers have not been se
Required Signature(s) on behalf of Other Busin	ness Entity: [See below for required signature(s).]
Signature:	
Printed Name: Michael Fajach	Title: Pres
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 Lial Signature of one General Partner.	oility Partnership:
If Florida Limited Partnership or Limited Lial Signatures of ALL General Partners.	pility Limited Partnership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representation	tive.
All others: Signature of an authorized person.	
Fees: Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation Certified Copy: Certificate of Status:	: \$70.00 \$8.75 (Optional) \$8.75 (Optional)

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: Z Spine Inc.	i de la companya della companya della companya de la companya della companya dell
The name of the corporation shall be:	17 Nie 2.
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
Principal street address 7287 NW 122nd Ave	Mailing address, if different is:
Parkland FL 33076	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized	is:
Sale of medical device equipment and other products & s	
	······································
ARTICLE IV SHARES	
The number of shares of stock is: 200	
ARTICLE V INITIAL OFFICERS AND/OR	
Name and Title: Michael Zajack, Pres.	Name and Title:
Address: 7287 NW 122nd Ave	Address:
Parkland FL 33076	
Name and Title:	Name and Title:
Address:	Address:
Name and Title:	
Name and Title:	Name and Title:
Address:	Address:

		•
	E VI REGISTERED AGENT e and Florida street address (P.O. Box NO	OT acceptable) of the registered agent is:
Name:	Michael Zajack	i i i i i i i i i i i i i i i i i i i
Address:	7287 NW 122nd Ave	- 17 MAR 24 31 3: 14
	Parkland FL	
ARTICL		
The <u>name</u>	e and address of the Incorporator is:	
Name:	Michael Zajack	
Address:	7287 NW 122nd Ave	
	Parkland FL 33076	
*****	**********	******
		rvice of process for the above stated corporation at the place designated in
this ceruji	icate, I am Jamuiar with and accept the app	pointment as registered agent and agree to act in this capacity 3 7
	Required Signature/Registered Agent	Date
		ted herein are true. I am aware that any false information submitted in a aird degree felony as provided for in s.817.155, F.S.
	Mul Bus	3/1/17
	Required Signature/Incorporator	Date