P18000074100

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000254869 3)))

H18000254869ADCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FERNANDEZ ORTHOFEET CORP

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

2018 AUG 30 PM 5:05

2018 AUG 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu Corporate Filing Menu Help

08/28/2018 11:02 3052201440 RECEIVED 12/16/2015 01:52AM
LAZARUS CORPORATE PAGE 01/02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

FERNANdez ORTHOFEET CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3750 W 16 suite 102
Hialeah FL 33012

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Diamelys Fernandez P

FILED
2018 AUG 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

3750 W 16 AVE
Suite 102
Hialeah FL 33012
Diamelys Fernandez

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Diamelys Fernandez
3750 W 16 Ave Suite 102
Hialeah FL 33012

H18000254869

Required Signatures:

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

Registered Agent — Date: 8/28/18

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.

Incorporator — Date: 8/28/18

FILED
2018 AUG 30 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL

H18000254869