

P1900002717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

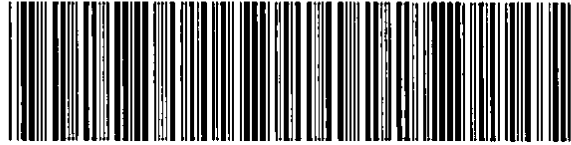
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000322716600

FILED

19 JAN 10 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

RECEIVED

19 JAN 10 AM 11:48

CLERK OF SUPERIOR COURT  
JAN 10 2010

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 1/10/2019      **PRIORITY** Routine

**OUR REF # (Order ID#)** 712624

**ORDER ENTITY**  
AINBINDER ORTHOPEDIC MEDICAL GROUP, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
AINBINDER ORTHOPEDIC MEDICAL GROUP, INC. (FL)  
File the attached Domestication  
New corp filing

FILED  
9 JAN 10 AM 9:32  
TALLAHASSEE, FL 32301  
RECEIVED

**NOTES:**  
\$128.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.  
If you have any questions please contact me at 656-7956,

Sincerely,  
A handwritten signature in black ink, appearing to be "MS" or similar, written over the word "Sincerely,".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## CERTIFICATE OF DOMESTICATION

The undersigned, Dennis Ainbinder, M.D., Chief Executive Officer,  
(Name) (Title)

of Ainbinder Orthopedic Medical Group, Inc. a foreign corporation,  
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 5, 2002.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was California.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Ainbinder Orthopedic Medical Group, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Ainbinder Orthopedic Medical Group, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Florida.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am CEO, of Ainbinder Orthopedic Medical Group, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 31st day of December, 2018.

Dennis Ainbinder  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Ainbinder Orthopedic Medical Group, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

102 NE 2nd St, #119, Boca Raton, FL 33432

102 NE 2nd St., #119, Boca Raton, FL 33432

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

To engage in any lawful act or activity (other than banking or trust company  
business) not prohibited to a corporation by applicable laws and regulations.

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19 JAN 10 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS: 100

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

Dennis Ainbinder, M.D./CEO, CFO, Secretary and Director

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

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19 JAN 10 AM 9:33  
RECORDING  
TALLAHASSEE, FLORIDA

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

CT Corporation System

1200 S. Pine Island Rd.

Plantation, FL 33324

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Dennis Ainbinder, M.D.

102 NE 2nd St, #919

Boca Raton, FL 33432

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

Scott White

Scott White, Assistant Secretary

Signature/Registered Agent

1/9/2019

Date

Dennis Ainbinder

Signature/Incorporator

1/8/19

Date

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19 JAN 10 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA