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.

(((H21000444702 3)))



H210004447023ABCY

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 : LAZARÚS CORPORATE FILING SERVICE, INC.	
	•	
	Account Number : 120000000019	
	Phone : (305)552-5973	
	Fax Number : (305)675-5944	
arıı	the email address for this business entity to be used for nual report mailings. Enter only one email address please.*	
Emi	nual report mailings. Enter only one email address please.* ail Address:	
Emi	nual report mailings. Enter only one email address please.* ail Address: FLORIDA PROFIT/NON PROFIT CORPORATION	
Emi	nual report mailings. Enter only one email address please.* ail Address:	
Emi	nual report mailings. Enter only one email address please.* ail Address: FLORIDA PROFIT/NON PROFIT CORPORATION	
Emi	roual report mailings. Enter only one email address please.* ail Address: FLORIDA PROFIT/NON PROFIT CORPORATION MY FLORIDA ORTHOPEDIC SUPPLY INC. Certificate of Status 0	
Emi	nual report mailings. Enter only one email address please.* ail Address: FLORIDA PROFIT/NON PROFIT CORPORATION MY FLORIDA ORTHOPEDIC SUPPLY INC.	

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

- ARTICLE I NAME: The name of the corporation is:
My Plonion Orthopedie supply inc
- ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
8140 College PKWay-501+674104-6
Fort Hyers, F/ 33919
ARTICLE III SHARES: The number of shares of stock is:
- ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Kaisa EcheVARRIA (P) LIVAN RUIZ VALdES (VP)
A DOWN OF A THE ADMINISTRAL ADMINISTRAL A CHENTE AND COMPANY A TABLE OF THE ADMINISTRAL A TABLE OF THE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
The hame and Phorida street address (FO box not acceptable) of the registered agent is:
auto Call : Duna Colores
8190 college FRWAY-3017C107-6
LIVAN RUIZ Valdes 8140 Collège PKWAY-Suite 104-6 Fort Myers, Pl. 33919
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Lugar Ruiz Valdes
Fort Myers, Fl. 33919
TIME CONTRACTOR
- tout Myers, FL. 23719

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 Scart

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.

corporator

OFFECTIVE:

1-1-22

2021 0년 (- 5 - 건선 등)