

P2200002826

Division of Corporations
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RASI
Account Number : I20220000023
Phone : (800)221-2972
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA CORPORATION FILING

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SOFLO SPINE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME SOFLO SPINE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
2800 SOUTH OCEAN BLVD #2F
BOCA RATON, FL 33432

Mailing address, if different is:
2800 SOUTH OCEAN BLVD #2F
BOCA RATON, FL 33432

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vincent A. Guarino/Director Name and Title: _____

Address: 2800 South Ocean Blvd 2F Address: _____
Boca Raton, FL 33432 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: _____	Vincent A. Guarino
Address: _____	2800 South Ocean Blvd 2F
_____	Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____	Vincent A. Guarino
Address: _____	2800 South Ocean Blvd 2F
_____	Boca Raton, FL 33432

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 to 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

V.A. Guarino

Required Signature/Registered Agent

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

FILED
 4-7-22

4-7-22
 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.

V.A. Guarino

Required Signature/Incorporator

4-7-22
 Date