# 9950000 21214

NORMAN SOMBERO, P. A.

ATTORNEY AT LAW HO BRICKELL AVENUE MIAMI, FLORIDA BBBB

TELEPHONE 358-2467

March 8, 1995



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\*\*\*\*122.50 \*\*\*\*122.50

-03/14/95--01000--005

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

RE: LEMARE ORTHOPAEDICS, INC.

Dear Sir:

Enclosed are an original and one copy of the Articles of Incorporation of the reference corporation for filing.

Also enclosed is a check in the amount of \$122.50 for payment as follows:

Filing fee: \$35.00 Registered Agent: 35.00

Certified Copy: 52.50

Total \$122.50

Thank you very much for your cooperation.

Very truly yours,

NORMAN SOMBERG

NS/ps Encls RICHESSER MAR 1 6 1995

#### ARTICLES OF INCORPORATION

OF

#### LEMARE ORTHOPAEDICS, INC.

ARTICLE I NAME

The name of the Corporation is:

LEMARE ORTHOPAEDICS, INC.

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

## ARTICLE II DURATION

This Corporation shall commence its existence upon the filing of these Articles of Incorporation and shall continue perpetually thereafter.

### ARTICLE III PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business under the laws of the State of Florida.

## ARTICLE IV PRINCIPAL OFFICE

The principal office of the Corporation is:

8881 N. W. 18th Terrace Miami, Florida 33172

ARTICLE V
MATLING ADDRESS

8881 N. W. 18th Terrace Miami, Florida 33172

> ARTICLE VI AUTHORIZED SHARES

The total amount of authorized shares is One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock.

#### ARTICLE VII INCORPORATOR

The name and address of the person signing these Articles is:

JULIO E. ESTAY 8881 N. W. 18th Terrace
Miami, Florida 33172

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this  $\frac{2\sqrt{3}}{3}$  day of March, 1995.

JULIO E. ESTAY-

STATE OF FLORIDA COUNTY OF DADE

I HEREBY CERTIFY that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, JULIO E. ESTAY, who is personally known to me and who executed the foregoing Articles of Incorporation, and he acknowledged before me that he signed and executed the same for the purposes herein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at Miami, Dade County, Florida, this \_\_\_\_\_ day of March, 1995.

Notary Public State of Florida

My Commission expires: \_\_\_\_\_

OFFICIAL NOTARY SEAL NORMAN SOMBERG NOTAKY PUBLIC STATE OF FLORIDA COMMISSION NO. CC187052 MY COMMISSION EXP. MAR. 17,1996

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## CERTIFICATE DESIGNATION REGISTERED OFFICE FOR SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA, NAMING REGISTERED AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTIONS 607.0501 AND 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

THAT LEMARE ORTHOPAEDICS, INC., DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, HAS NAMED NORMAN SOMBERG LOCATED AT 1110 BRICKELL AVENUE, SUITE 605, MIAMI, FLORIDA 33131 AS ITS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA.

JULIO E. ESTAY

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY OF REGISTERED AGENT, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

NORMAN SOMBERG

NOT HAR I 4 AM II: 59
SECRETARY OF STATE