P 96 0000 49863

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailer No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

F. GARBER JUN 12 1996

REQUEST TAKEN | CONFIRMED | APPROVED

DATE 6/11/96 | | |
TIME 1:00 | | CK No. ____
BY CD | | |

WALK-IN
Will Pick Up _____ _____

11-2529-7 POWDER'S INC., THOMASVILLE, GA.

_____ of _____ No 52602

RE: Seminole Limb. Mfg.
Brace Corporation

FILED
96 JUN 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	C. S. FEE.	DISBURSED
____ Capital Express℠		
✓ Art. of Inc. File		
____ Corp. Record Search		
____ Ltd. Partnership File		
____ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
____ Art. of Amend. File		
____ Dissolution/Withdrawal	800001853888-	
____ C U S.	-06/12/96--01014--001	
____ Fictitious Name File	****122.50	****122.50
____ Name Reservation		
____ Annual Report/Reinstatement		
____ Reg. Agent Service		
____ Document Filing		
____ Corporate Kit		
____ Vehicle Search		
____ Driving Record		
____ Document Retrieval		
____ UCC 1 or 3 File		
____ UCC 11 Search		
____ UCC 11 Retrieval		
____ ____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority		
____ Express Mail Prep.		
____ FAX ( ) pgs.		
SUBTOTALS		

FILED
96 JUN 11 PM 3:44
DIVISION OF CORPORATION

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

ARTICLES OF INCORPORATION

OF

SEMINOLE LIMB AND BRACE CORPORATION

FILED
96 JUN 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is **SEMINOLE LIMB AND BRACE CORPORATION**

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 10109 Paradise Boulevard, Treasure Island, FL 33706.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of ($1.00) per share.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Kathryn F. Accomondo, 10109 Paradise Blvd, Treasure Island, FL 33706.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is

President/Dir. Steven L. Ortiz, 5920 102nd Ave North, Pinellas Park, FL 34666.

Treasurer/Dir. Christopher L. England, 11975 3rd St. E., Tresure Island, FL 33706.

Secretary/Dir. Kathryn F. Accomondo, 10109 Paradise Blvd, Treasure Island, FL 33706.

The undersigned has executed these Articles of Incorporation this 11th day of June 1996.

"Capital Connection, Inc. by Crystal Dugger, Assistant Office Manager"

Crystal Dugger

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

FILED
96 JUN 11 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is:

Seminole Limb and Brace Corporation

2. The name and street address of the registered agent and office is: Kathryn Accomando

10100 Paradise Boulevard
Treasure Island, FL 33706

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 HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Kathryn F. Accomando