

P99000037391

Form 1

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT:

SPECIALTY SURGICAL REPAIR, INC.  
(Proposed corporate name - must include suffix)

500002847385--3  
-04/22/99-01062--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

John Metz

Name (Printed or typed)

550 TIMBERLANE DRIVE

Address

NEW SMYRNA BEACH, FL.

City, State & Zip

904-679-3417

Daytime Telephone number

FILED  
APR 22 AM 9:18  
TALLAHASSEE, FLORIDA  
32468

NOTE: Please provide the original and one copy of the articles.

OB  
4-20-99  
2

## ARTICLES OF INCORPORATION

1. The name of the corporation shall be: SPECIALTY Surgical Repair, Inc.
2. The principal place of business and mailing address of the corporation is: 1982 STATE Road 44-Suite 195, New Smyrna Beach, FL 32168
3. The corporation shall have the authority to issue 1,000 shares of stock.
4. The registered agent of the corporation is John Metz and the registered street address is 550 TIMBERLANE DRIVE, New Smyrna Beach, Florida 32168.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows:  
John Metz, 550 TIMBERLANE DRIVE, New Smyrna Beach, FL 32168  
Geri Metz, 550 TIMBERLANE DRIVE, New Smyrna Beach, FL 32168

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Geri Metz whose street address is 550 TIMBERLANE, Drive, New Smyrna Beach, FL 32168

Dated 4-19-99

Geri Metz  
Incorporator

FILED  
APR 22 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 am familiar with and accept the obligations of my position as registered agent.

Dated 4-19-99

John Metz  
Registered Agent