

P99 0000089304

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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.

((H99000025472 4)))

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)922-4001

From:

Account Name : FAS-T CORE. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT -8 AM 8:32

FILED

FLORIDA PROFIT CORPORATION OR P.A.

LUIS PROSTHETIC FABRICATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
"Luis" Prosthetic Fabrication, Inc.

ARTICLE II PRINCIPAL PLACE OF BUSINESS

The principal place of business and mailing address of this corporation shall be:

85 N.E. 172 St.
North Miami Beach, Fla. 33162

ARTICLE III CAPITAL STOCK

The number of share of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

ARTICLE IV NATURE OF BUSINESS

The general nature of the business to be transacted by this Corporation is Manufacturing prosthetic limbs and any other legal business venture.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Luis A. Montalvo
85 N.E. 172 St.
North Miami Beach, Fla. 33162

Prepared by:
Pedro L. Campo
1985 NW 88 Court, Suite 201
Miami, Fl. 33172

FILED
99 OCT -8 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Luis A. Montalvo
85 N.E. 172 St.
North Miami Beach, Fla. 33162

ARTICLE VII DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Luis A. Montalvo
85 N.E. 172 St.
North Miami Beach, Fla. 33162

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 30th day of September 1999


Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned 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.

The name of the corporation is: "Luis" Prosthetic Fabrication, Inc.

The name and address of the registered agent and office is:

Luis A. Montalvo
85 N.E. 172 St.
North Miami Beach, Fla. 33162

(P.O.BOX NOT ACCEPTABLE)

FILED
99 OCT -8 AM 8:32
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 I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Luis A. Montalvo

DATE: 30th of September, 1999