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ORDER DATE: February 3, 2014

ORDER TIME : 4:46 PM

ORDER NO. : 989055-015

CUSTOMER NO: 7545742

FOREIGN FILINGS

NAME: IMPLANET AMERICA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Implanet America, Inc.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Stephanie Messas, Esq.				
Name of Person				
Deborah A. Nilson & Associates, PLLC				
Firm/Company				
10 East 40th Street, Suite 3310				
Address				
New York, NY 10016				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Stephanie Messas at (212) 687-1155				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Implanet America, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida New York (FEI number, if applicable) (State or country under the law of which it is incorporated) 5. Perpetual 2/14/2013 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6/26/2013 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 c/o Adriana Agbo, Constantin Associates, LLC (Principal office address) 575 Madison Ave, New York, NY 10022 (Current mailing address) Sale of medical and surgical implants (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: , Florida 32301 (Zip code) Tallahassee (City) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company Stephanie Milnes Asst V.P. By:

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors: A. DIRECTORS Vice Chairman: Director: Ludovic Lastennet Address: 15 Route de Bordeaux, 33360 Latresne, France Director: Address: **B. OFFICERS** President: Ludovic Lastennet Address: Same as above Vice President: Address: _____ Secretary: Deborah A. Nilson Address: 10 East 40 Street, Suite 3310, New York, NY 10016 Treasurer: Denis Saint Denis Address: 179 Rue Lecoq, 33000 Bordeaux, France NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 14. Deborah A. Nilson, Secretary (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of IMPLANET AMERICA, INC. was filed on 02/14/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 31st day of January two thousand and fourteen.

Anthony Giardina

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Executive Deputy Secretary of State

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