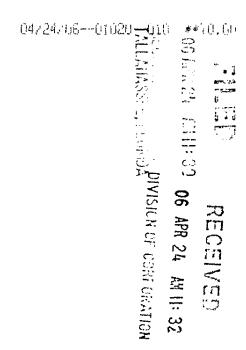
## F06000002542

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	-
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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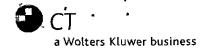
Office Use Only



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Tepping Fry 50 July



CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

April 24, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 6617015 SO

Customer Reference 1: 95808

Customer Reference 2: 1

Dear Department of State, Florida:

Please obtain the following:

Mazor Surgical Technologies Inc. (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Manager Fulfill Ctr Connie.Bryan@wolterskluwer.com

## 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.

·	Technologies Inc.				
	rporation; must include "INCORPORATE rp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corporate na	me adopted for the purpose of transacting b	usiness in Florida)		
Delaware		3 83-0406611			
	nder the law of which it is incorporated)	(FEI number, if applicable)			
August 27, 2004		5. Perpetual			
(Date	of incorporation)	(Duration: Year corp. will cease to ex-			
. Hoon Fili	<b>A</b>				
<u>Ilpan Fili</u>	Date first transacted outlines	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)			
3003 Summit Bly	d. NE, Suite 1400, Atlanta, GA 30319		2.2		
	(Principal office a	address)			
- Same as Above	- (Current mailing s		330		
	of corporation authorized in home state or address of Florida registered agent: (l	r country to be carried out in state of Florida P.O. Box <u>NOT</u> acceptable)	1)		
Name:	CT Corporation System				
office Address:	1200 South Pine Island	l Road			
	Plantation	, Florida 33324			
	(City)	(Zip code)			
laving been name esignated in this urther agree to co	application, I hereby accept the appoin		o act in this capaci erformance of my		
B	Deeda	SALVINA AMENTA-GRA	<b>AY</b>		
$\rightarrow$	(Registered agent's signature	re)	and the second of the second o		

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

12. Names and business addresses of officers and/or directors:

under the law of which it is incorporated.

A. DIRE	CIORS			
Chairman:	Ori Hadomi			
Address:	7 HaEshel St. Southern Caesarea Industrial Park, P.O.B. 3104			
	Israel 38900			
Vice Chair	man:			
Address:				
			· . · · · · · · · · · · · · · · · · · ·	
Director:	Nancy Sousa			
Address:	3003 Summit Blvd. NE, Suite 1400			
_	Atlanta, GA 30319			
Director:	Sarit Soccary-Ben Yochanan			
Address:	7 HaEshel St. Southern Caesarea Industrial Park, P.O.B. 3104	<u> </u>	<del>- 8-</del>	
			- Fig.	f {
B. OFFI	CERS		<u> </u>	
President:	Ori Hadomi, President and Chief Executive Officer	<u>;</u> <u>,</u> ≟;,		
Address:	7 HaEshel St. Southern Caesarea Industrial Park, P.O.B. 3104		 	
	Israel 38900	D.	3	
Vice Presid	dent: Nancy Sousa, Vice President and Chief Operating Officer			
	3003 Summit Blvd. NE, Suite 1400			
_	Atlanta, GA 30319			
Secretary:	Hanan Herscovitch, Secretary and Finance Director			
Address:	7 HaEshel St. Southern Caesarea Industrial Park, P.O.B. 3014, Israel 38900			
Treasurer:				
Address:				
	f necessary, you may attach an addendum to the application listing additional officers a	nd/or dire	ectors.	
13	Mancy S. Souse (Signature of Director or Officer listed in number 12 of the application)		<del></del>	
	cy Sousa, Vice President			
14	(Typed or printed name and capacity of person signing application)		· · · · · · · · · · · · · · · · · · ·	,

## Delaware

PAGE

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAZOR SURGICAL TECHNOLOGIES INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAZOR SURGICAL TECHNOLOGIES INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Warriet Smith Windson, Secretary of State

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4681639

DATE: 04-20-06