

Florida Department of State

Division of Corporations Public Access System

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.

(((H06000123292 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. Attn: Lovia and Please refile 5/2/06 Marks. mr

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number : (850)878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Novadaq Corp.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 94.5 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

8502227615

CT CORP 5/3/2006 9:35 PAGE 001/001 PAGE 02/05

Florida Dept of State

FILED

06 HAY -2 AM 10: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA



May 3, 2006

FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: NOVADAQ CORP. REF: W06000020592

We received your electronically transmitted document. However, the document has not been filed. Flease make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6934.

Loria Poole Document Specialist New Filing Section

FAX Aud. #: H06000123292 Letter Number: 906A00031316 8502227615

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 PLORIDA.

| Novadag Corp. | | | | | _ | |
|---|--|----------------------------|--------------------|--|--|------------------------|
| (Einter name of corpo "Inc.," "Co.," "Corp." | ration; must include "INCORPORATE! "Inc," "Co," or "Corp.") | D," "COM | PANY," | "CORPORATION," | , | |
| 76 | | | | | | |
| • | in Florida, enter alternate corporate nam | e edopsed i | or the pi | urpose of transacting t | rusiness in Pionida) | |
| 2. Delaware | | 20-3343 | | | | |
| (State or country unde | er the law of which it is incorporated) | | (| FEI number, if applica | ıble) | |
| 4. July 13, 2005 | | perpetu | | | | |
| (Date of i | neorporation) | (Duratio | m: Yes | r corp. will cease to ex | ist or "perpensel") | |
| 6. upon filing | <u> </u> | | | | | |
| | (Date first transacted business (SEE SECTIONS 507.1501 & 507. | in Florida, | if prior | to registration) | | |
| **** | | | in refer | mme herrarry maximy) | | |
| 7, 11091 Consta Trieste | Way, Unit 201, Bonica Springs, FL 3413 (Principal office ad | | | | | |
| 11001 Comia Triasta | Way, Unit 201, Bonita Springs, FL 341 | | | • | | |
| | (Current mailing at | | | | | |
| | (Constant Water De or | nai cesy | | | | |
| H. manufacture medical | devices | | | | 25 SE | , |
| | corporation authorized in home state or | country to t | e cerrie | d out in state of Florid | | |
| 9. Name and street so | dress of Florida registered agent: (P. | O Box N | OT acc | entable) | - 35 A | - 17 Tr |
| | C T Corporation System | or port 2 | <u>~ -</u> | -spenore) | 三 語音 人 | |
| Name: | C 1 Colgorator System | | | | 311 <u>6</u> 7 311 ≥ | American California |
| Office Address: | 1200 South Pine Island Road | | | | | وليب |
| | Plantation | , FI | orida_ | 33324 | 40A 40A 40A 40A 40A 40A 40A 40A 40A 40A | |
| - | (City) | | _ | (Zip code) | 03 | |
| io. Registered agent | | | | | | |
| Having been named a designated in this app further agree to comp | s acceptance; a registered agent and to accept servication, I hereby accept the appointly with the provisions of all statutes to and accept the obligations of my p | iment as re relative to | gistere the pro | d agent and agree to per and complete p | o act in this capaci | y. I |
| Having been named a designated in this app further agree to comp | s registered agent and to accept servication, I hereby accept the appoint by with the provisions of all statutes | iment as re relative to | gistere the pro | d agent and agree to per and complete p | o act in this capaci | y. I |
| Having been named a designated in this app further agree to comp. | s registered agent and to accept ser- lication, I hereby accept the appoint ly with the provisions of all statutes a and accept the obligations of my p | iment as re relative to | gistere the pro | d agent and agree to per and complete p | o act in this capaci | y. I |

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

| A. DER | ECTORS | | | |
|-----------|--|--|----------------|-----|
| Chairman | n: | | | |
| Address; | | | | *** |
| **** | | | | |
| Vice Clia | inns-11: | • | | |
| Address: | · · · · · · · · · · · · · · · · · · · | | | |
| Director, | Arun Menawat | | | |
| Address: | 2585 Skymark Ave., Ste. 306, Mississauga, Ontario L4W 4L5 Canada | | | |
| | , | - - - - - - - - - - - - - - | <u> </u> | |
| Director: | | <u> 58</u> | | |
| Address: | | 該 | 2 | Ţ |
| | | | 2 | Ī |
| B. OPF | ICERS | 7,7 | 2 | C |
| President | Arun Menawat . | JATE | <u>.a</u> ⇔ | |
| | 2585 Skymark Ave., Stc. 306, Mississauga, Ontario LAW 4L5 Canada | | e) | |
| Vice Pres | ident: | | | |
| Address: | | | | |
| Secretary | Roger Deck | · · · · · · · · · · · · · · · · · · · | | |
| | 2585 Skyroark Ave., Ste. 306, Mississauga, Ontario LAW 4L5 Canada | | | |
| Treasurer | : | | | |
| | | | | |
| note: | If necessary, you may attach an addendum to the application listing additional officers and/ | or directors | . | |
| 13. — | (Signature of Director or Officer listed in number 12 of the application) | | | |
| 14 | Arun Menawat - President | | | |
| | (Typed or printed name and capacity of person signing application) | - | | |

Delaware

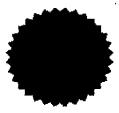
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOVADAQ CORP." 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOVADAQ CORP." WAS INCORPORATED ON THE THIRTSENTH DAY OF JULY, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BREN FILED TO DATE.



3996297 8300 060391818

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4702185

DATE: 04-27-06