

F06000000 5263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

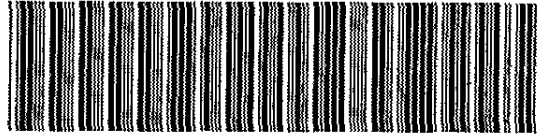
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2006 AUG 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton AUG 11 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: cmf MEDICON surgical 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," 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:

Karl H. Rathgeb

(Name of Person)

interControlling a startUSA company

(Firm/Company)

73 Forest Lake Drive

(Address)

Hewitt NJ 07421

(City/State and Zip code)

For further information concerning this matter, please call:

Karl H. Rathgeb

(Name of Person)

at (201) 760 8900

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, 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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

Corporate Governance interControlling
a startUSA company

Karl H. Rathgeb acting Corporate Secretary
19 Spear Road Ste. 312, Ramsey NJ 07446

August, 2006

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE.: Registration foreign company (DE)
in Florida

To Whom It May Concern:

Dear Sir or Madam:

In order to register and authorize the company to do business in the State of Florida, please find attached the documents as follows:

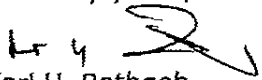
1. Cover Letter incl. Application authorizing to transact business in Florida
2. Date starting transactions in Florida has changed to July 26, 2006
3. Original Certificate of existence, as received from the State of DE
4. Check # 2488 for \$ 87.50

If you have any questions or concerns, please do not hesitate and contact our office Tel.: 201 760 8900 or Fax 201 236 2330.

We are looking forward to receiving the filing confirmation within the next few business days. Our address: 19 Spear Road Ste. 312, Ramsey, NJ 07446

Thank you very much for your cooperation.

Sincerely yours,


Karl H. Rathgeb
acting Corp. Secretary

 The Firm-One Partner

 interControlling
financial & corporate

 timeManagement
startUSA & turn around

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. cmf MEDICON surgical 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)

2. State of Delaware

(State or country under the law of which it is incorporated)

3. 20-495 0687

(FEI number, if applicable)

4. May 25 - 2006

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. ~~July 1st, 2006~~ July 26th, 2006

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11221 St. Johns Industrial Pkwy Suite 3, Jacksonville FL 32246

(Principal office address)

19 Spear Road Ste. 312, Ramsey NJ 07446

(Current mailing address)

8. Sales and Service of Cranio Maxillo Facial solutions and medical instruments

(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)

Name: Jim Cavanaugh

Office Address: 11221 St. Johns Industrial Parkway Suite 3
Jacksonville, Florida 32246
(City) (Zip code)

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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.

X

(Registered agent's signature)

3C.

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. DIRECTORS

Chairman: Peter Wenzler

Address: c/o. Medicon eG, Gansaecker 15, D-78532 Tuttlingen/Germany

Vice Chairman: Joachim Schmid

Address: c/o. Medicon eG, Gansaecker 15, D-78532 Tuttlingen/Germany

Director: Eberhard Kreidler

Address: c/o. Medicon eG, Gansaecker 15, D-78532 Tuttlingen/Germany

Director: Thomas Mittermueller

Address: c/o. Medicon eG, Gansaecker 15, D-78532 Tuttlingen/Germany

B. OFFICERS

President: Joachim Schmid

Address: Medicon eG, Gansaecker 15, D-78532 Tuttlingen/Germany

Vice President: -Sales- Jim Cavanaugh and KC. Mabry

Address: 11221 St. Johns Industrial Pkwy. Suite 3, Jacksonville FL 32246

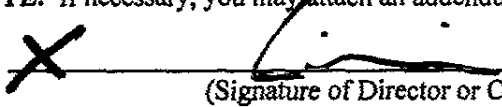
Secretary: KC Mabry

Address: 11221 St. Johns Industrial Pkwy. Suite 3, Jacksonville FL 32246

Treasurer: Jim Cavanaugh

Address: 11221 St. Johns Industrial Pkwy. Suite 3, Jacksonville FL 32246

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. Joachim Schmid President + CEO

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMF MEDICON SURGICAL 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 FOURTH DAY OF AUGUST, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



4165229 8300

060732703

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4951690

DATE: 08-04-06