

F07000000815

(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



200084986672

01/19/07--01036--001 **87.50

FILED

2007 FEB 12 A 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dec 2/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: J+S ORTHOPEDICS, 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:

DR STEVEN SILBERFARB
(Name of Person)

FLORIDA ORTHOPEDIC AND SPINE CENTER
(Firm/Company)

2914 NORTH STATE ROAD 7
(Address)

MARGATE FLORIDA 33063
(City/State and Zip code)

For further information concerning this matter, please call:

NINNY MOCCIA at (954) 978-8842
(Name of Person) (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

FILED
2001 FEB 12 A 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2007

STEVEN SILBERFARB
2914 N STATE RD 7
MARGATE, FL 33063

SUBJECT: J & S ORTHOPEDICS INCORPORATED
Ref. Number: W07000003354

We have received your document for J & S ORTHOPEDICS INCORPORATED and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock
Document Specialist

Letter Number: 407A00004938

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. J + S ORTHOPEDICS, 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. UNITED STATES VIRGIN ISLANDS 3. 660683454
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. SEPTEMBER 28, 2006 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2914 NORTH STATE RD 7 MARGATE FL 33063
(Principal office address)

2914 NORTH STATE RD 7 MARGATE FL 33063
(Current mailing address)

8. BUSINESS / MANAGEMENT
(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: STEVEN SILBERFARB

Office Address: 2914 NORTH STATE RD 7

MARGATE, Florida 33063
(City) (Zip code)

2007 FEB 12 A 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.



(Registered agent's signature)

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: STEVEN SILBERFARB

Address: 9411 GRAND ESTATES WAY, BOCA RATON, FLORIDA 33496

Vice Chairman: _____

Address: _____

Director: PETER KING

Address: 10455 NW 51st Street
Coral Springs, FL 33076

Director: CHRISTOPHER BORGESEN

Address: P.O. Box 8597
ST. Thomas, USVI 00801

B. OFFICERS

President: STEVEN SILBERFARB

Address: 9411 GRAND ESTATES WAY BOCA RATON FL 33496

Vice President: PETER KING

Address: 10455 NW 51st Street
Coral Springs, FL 33076

Secretary: PETER KING

Address: _____

Treasurer: CHRISTOPHER BORGESEN

Address: P.O. Box 8597 - St. Thomas, VI 00801

2007 FEB 12 A 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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. _____

STEVEN SILBERFARB, PRESIDENT

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



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

Charlotte Amalie, St. Thomas, V.I. 00802

OFFICE OF
THE LIEUTENANT GOVERNOR

Division of Corporation & Trademarks

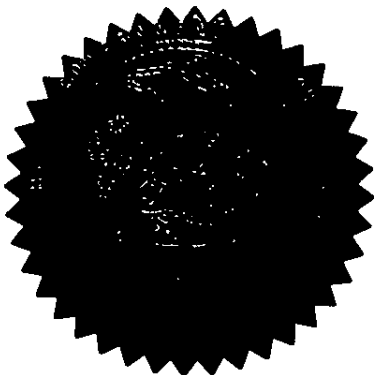
Kongens Gade No. 18
Charlotte Amalie, St. Thomas
US Virgin Islands 00802
(340) 776-8515


January 25, 2007

CERTIFICATION OF GOOD STANDING

This is to certify that the corporation known as **J & S ORTHOPEDICS, INC.** filed Articles of Incorporation in the Office of the Lieutenant Governor on **September 28, 2006** and a Certificate of Incorporation was issued by the Lieutenant Governor on **September 28, 2006** authorizing the said corporation to conduct business in the Virgin Islands. The corporation is considered to be in good standing.

FILED
2007 FEB 12 A 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Elmo D. Roebuck, Jr.
Director, Division of Corporation
and Trademarks