

Jul 25 2011 10:20 AM

No. 643 PaP 1 of 1

# F110000003023

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

**RECEIVED JUL 25 2011**

From: Account Name : SERFATY & GARCIA, P.A.  
Account Number : I20060000161  
Phone : (954) 894-9449  
Fax Number : (305) 722-9555

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

BSORIANO@SERFATYLAU.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Saint Come Chirurgie Company**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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111-39151

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Saint Come Chirurgie Company  
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:

Charles S. Serfaty, Esq.

Name of Person

Serfaty Law, P.A.

Firm/Company

4770 Biscayne Boulevard / Suite 1430

Address

Miami, Florida 33137

City/State and Zip code

Bsoriano@serfatylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belina Soriano

Name of Person

at ( 305 ) 722-8555

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

# 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. Saint Come Chirurgie COMPANY

(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. France

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

3. N/A

(FEI number, if applicable)

4. July 16, 1993

(Date of incorporation)

5. Perpetual

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

6. Not prior to registration

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

7. 4770 Biscayne Boulevard, Suite 1430, Miami, Florida 33137.

(Principal office address)

4770 Biscayne Boulevard, Suite 1430, Miami, Florida 33137.

(Current mailing address)

8. Diffusion of Medical Materials

(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: Serfaty Law, P.A.

Office Address: 4770 Biscayne Boulevard #1430

Miami, Florida

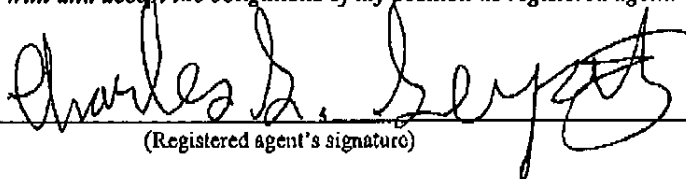
(City)

, Florida 33137

(Zip code)

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Christiane Fouere

Address: 4770 Biscayne Boulevard / Suite 1430

Miami, Florida 33137

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_

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. Christiane Fouere

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

Jul. 25. 2011 4:20PM  
13/07 2011 10:44 FAX 0442261414

BERNARD JEAN LUC

APPROUVE  
No. 6443 APE 5 0001  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## ATTESTATION

d'expert comptable

Je soussigné, Jean-Luc BERNARD, Expert Comptable, certifie par la présente être investi d'une mission normalisée dite « de présentation des comptes annuels » au profit de la

**SARL SAINT COME CHIRURGIE**

Société à responsabilité limitée au capital de 152 449 €, exerçant une activité de : Diffusion de Matériel Médical

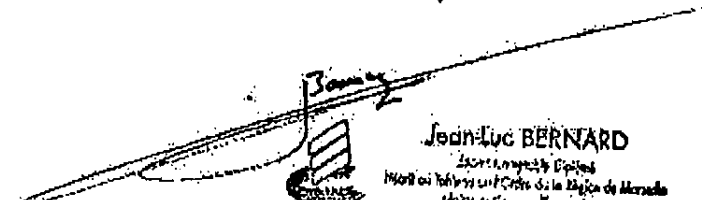
Identifiée sous le N° SIRET 391 816 048 - 00048

Dont le siège et principal établissement est : 185 Vallon de l'Oréal - 13007 MARSEILLE.

A certifier, il m'est possible d'attester qu'à ce jour, cette société exerce toujours son activité.

Pour valoir ce que de droit.

Fait à Aix-en-Provence, le 13 Juillet 2011

  
Jean-Luc BERNARD  
Expert-Comptable Diplômé  
Membre de l'Ordre de la Région Alpes Côte d'Azur  
Membre de l'Association des Experts-Comptables  
Région Provence  
Rue du Soleil - Route des Milles - 13090 Aix-en-Provence  
Tel 04 42 26 14 41 - Fax 04 42 26 14 14

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No. 6443

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CERTIFICATION / PROFESSIONAL ACCOUNTANT

11 JUL 25 PM 4:10

The undersigned, Jean Luc Bernard, a professional accountant, presents the information below for the normalized mission of the annual accounts for the benefit of:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SARL SAINT COME CHIRURGIE

This company is responsible for a limited capital of 152,449 Euros, and its principal activity is: Diffusion of Medical Material.

The identification number of this company is No. SIRET 391 816 048-00048

The principal address of this establishment is: 185 Vallon de l'Oriol - 13007 Marseille.

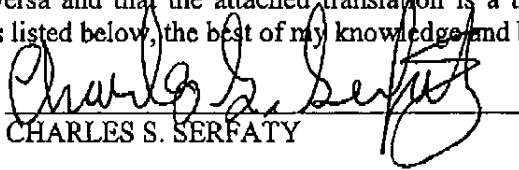
As such, it is possible for me to attest that on this day below, the company is active and in good standing.

This will attest to law on this 13<sup>th</sup> day of July, 2011.

(illegible signature)

Jean Luc Bernard

I HEREBY CERTIFY that I am qualified to translate from the French Language to the English Language and vice-versa and that the attached translation is a true and accurate translation of the documents listed below, the best of my knowledge and belief:

  
CHARLES S. SERFATY

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

SUBSCRIBED AND SWORN TO before me on this 25 day of July, 2011, by  
CHARLES S. SERFATY, who is personally known to me.

  
NOTARY PUBLIC

