

F12000002338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

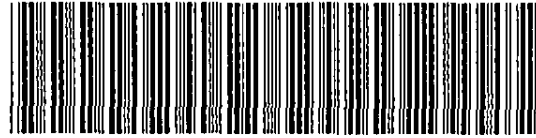
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2012

JONATHAN FEUERMAN, ESQ  
THERREL BAISDEN, PA  
ONE SE 3RD AVE, SUITE 2950  
MIAMI, FL 33131

SUBJECT: SUPPLY TRAUMA, INC.  
Ref. Number: W12000026938

We have received your document for SUPPLY TRAUMA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6052.

Pamela Smith  
Regulatory Specialist II

Letter Number: 112A00014389

# THERREL BAISDEN, P. A.

ATTORNEYS AT LAW  
SUNTRUST INTERNATIONAL CENTER  
ONE S.E. THIRD AVENUE SUITE 2950  
MIAMI, FLORIDA 33131  
TELEPHONE (305) 371-5758  
FAX (305) 371-3178  
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NICHOLAS M. DANIELS  
JONATHAN FEUERMAN  
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PABLO J. RODRIGUEZ  
LISA D. LANDY

WRITER'S EMAIL:  
JFEUERMAN@THERRELBAISDEN.COM

CATCHINGS THERREL (1890 - 1971)  
FRED R. BAISDEN (1903 - 1971)  
LEO ROSE, JR. (1917 - 1998)  
FRED R. STANTON (1924-2009)

May 22, 2012

ATTN: Pamela Smith  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Authorization to Transact Business  
Our File No.:211242**

Dear Pamela Smith:

Enclosed herein please find the corrected Application By Foreign Corporation For Authorization To Transact Business in Florida as requested for the following entities:

1. **Gilford Holdings, Inc.**
2. **Multiorthopedic 2000, Inc.**
3. **Supply Trauma, Inc.**
4. **Top Medical, Inc.**

Should you have any questions or concerns regarding this matter please do not hesitate to contact me.

With kindest regards,

Very truly yours,

**THERREL BAISDEN, P.A.**

By: \_\_\_\_\_

  
Pablo J. Rodriguez

*monque -*

PJR  
Enclosures

## COVER LETTER

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

**SUBJECT:** Supply Trauma, 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," 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:

Jonathan Feuerman, Esq.

Name of Person

Therrel Baisden, PA

Firm/Company

One S.E. 3rd Ave., Suite 2950

Address

Miami, FL 33131

City/State and Zip code

jfeuerman@therrelbaisden.com

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

For further information concerning this matter, please call:

Jonathan Feuerman at ( 305 ) 371-5758

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

**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. Supply Trauma, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

I.F. Supply Trauma Company, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevis 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 5, 2012 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. One S.E. 3rd Ave., Suite 2950, Miami, FL 33131  
(Principal office address)

PO Box 556, Main Street, Charlestown, Nevis  
(Current mailing address)

8. Sale of medical supplies  
(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)

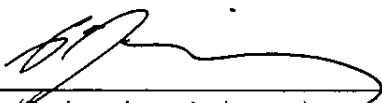
Name: Jonathan Feuerman

Office Address: One S.E. 3rd Ave., Suite 2950

Miami, Florida 33131  
(City) (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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12 JUN -4 PM 1:55

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

**A. DIRECTORS**

Chairman: Ivan Fagundez

Address: Panorama Penhouse 1B Urb Los Campitos I Colinas de Bello Mont Libertador  
Caracas, Venezuela 01050

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

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

Director: Natalia Fagundez Rodriguez

Address: QTA Bebilli Ave Caura Colinas de Bello Monte Caracas 1050 Miranda

Director: Maria Josefina Kabbabe Magamez

Address: Lomas de San Roman AV Panorama CR Vista Real P2 AP A31  
Baruta Caracas Miranda

**B. OFFICERS**

President: Ivan Fagundez

Address: Panorama Penhouse 1B Urb Los Campitos I Colinas de Bello Mont Libertador  
Caracas, Venezuela 01050

Vice President: Maria Josefina Kabbabe Magamez

Address: Lomas de San Roman AV Panorama CR Vista Real P2 AP A31  
Baruta Caracas Miranda

Secretary: Natalia Fagundez Rodriguez

Address: QTA Bebilli Ave Caura Colinas de Bello Monte Caracas 1050 Miranda

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

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

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**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. Ivan Fagundez

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

**ISLAND OF NEVIS  
OFFICE OF THE REGISTRAR OF COMPANIES**

***CERTIFICATE OF GOOD STANDING***

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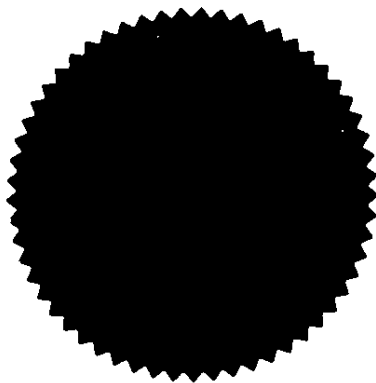
I HEREBY CERTIFY that

**SUPPLY TRAUMA, INC.**

Was duly incorporated and existence commenced under the provisions of the Nevis  
Business Corporation Ordinance 1984, as amended, on

*5th March, 2012*

I FURTHER CERTIFY that according to the records of this office the said corporation is  
in Good Standing and has a legal corporate existence as of the date below shown.



**NO. C 39979**

dnfhUgnR

Given under my Hand & Seal at Charlestown  
This *25th day of April, 2012*

  
Registrar of Companies

## APOSTILLE

(Convention de La Haye de 5 Octobre 1961)

1. Country: St. Christopher and Nevis

This public document

2. has been signed by Leta Manners

3. acting in the capacity of Acting Registrar

4. bears the seal/stamp of Registrar of Offshore Companies and Trust -  
Nevis

Certified

5. at Charlestown 6. The 25-4-12

7. by Laurie Lawrence, Permanent Secretary

8. No. 88044

9. Seal/stamp:

10. Signature:

*Lawrence*

