

F/4000004409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
14 OCT 17 AM 10:49

FILED  
14 OCT 17 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 20 2014

S. GILBERT



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 340841 8018237

AUTHORIZATION :

COST LIMIT : \$ 70.00

*[Handwritten signature]*

ORDER DATE : October 16, 2014

ORDER TIME : 9:09 AM

ORDER NO. : 340841-005

CUSTOMER NO: 8018237

FOREIGN FILINGS

NAME: EXPANDING ORTHOPEDICS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** EXPANDING 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," 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:

ITAY COHEN

Name of Person

EXPANDING ORTHOPEDICS INC

Firm/Company

2 HAILAN ST. POB 117

Address

OR AKIVA 30650, ISRAEL

City/State and Zip code

itay@xortho.com

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

For further information concerning this matter, please call:

ITAY COHEN

at (+972) 544678216

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. EXPANDING 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. DE 3. 98-0428047

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

(FEI number, if applicable)

4. March 13, 2001

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. 2 Hallan St. Or Akiva, Israel

(Principal office address)

2 Hallan St. Or Akiva, Israel

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

9. 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.*

Corporation Service Company

Janet Budhu, Asst. Vice President

By: 

(Registered agent's signature)

10. 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.

FILED  
14 OCT 17 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: MS. Bat Sheva Elran

Address: 4 HaSadnaot St. Hertzelya 46726, Israel

Vice Chairman: N/A

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

Director: MS. Carolyn J. L. Bates

Address: 300 East Business Way

Cincinnati OH, 45241

Director: MR. Michael C. Sherman

Address: 17 West Pontotoc

Memphis, TN 38103

**B. OFFICERS**

President: CEO: Mr. Ofer Bokobza

Address: 2 Hallan St.

Or Akiva, Israel

Vice President: CFO: Mr. Itay Cohen

Address: 2 Hallan St.

Or Akiva, Israel

Secretary: N/A

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

Treasurer: N/A

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

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

12. OFER BOKOBZA  
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.

13. ITAY COHEN, CHIEF FINANCIAL OFFICER

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

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXPANDING ORTHOPEDICS 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 SIXTEENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXPANDING ORTHOPEDICS INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF MARCH, A.D. 2001.

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 BEEN FILED TO DATE.

3355509 8300

141302681

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1787130

DATE: 10-16-14