

P110000012865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

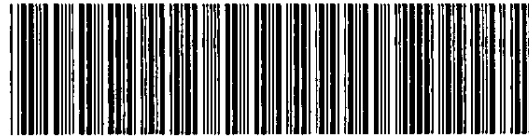
(Business Entity Name)

(Document Number)

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

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02/04/11--01013--001 \*\*128.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 FEB -4 PM 5:04

APPROVED  
AND  
FILED

W

## COVER LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Relocation of Zoe Surgical Inc. (C-Corp) to FL from VA

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status \$ 8.75

ZOE SURGICAL INC.  
Name (printed or typed)

3101 PORT ROYALE BLVD., APT. 1113  
Address

FT. LAUDERDALE, FL 33308  
City, State & Zip

954-644-9699  
Daytime Telephone Number

BIOMETSPINEMW@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

APPROVED  
AND  
FILED

The undersigned, MELISSA WIEGAND, OWNER 11 FEB -4 PM 5:05  
(Name) (Title)

of ZOE SURGICAL INC.  
(Corporation Name) a foreign corporation, SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JULY 29, 2009.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was COMMONWEALTH OF VIRGINIA.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was ZOE SURGICAL INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is ZOE SURGICAL INC.  
3101 PORT ROYALE BLVD., APT. # 1113 FT. LAUDERDALE, FL 33308.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was  
5192 WALKERS GRANT LANE VIRGINIA BEACH, VIRGINIA 23455
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am OWNER, of ZOE SURGICAL INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 1 day of JANUARY, 2011.

Melissa Wiegand  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

APPROVED  
AND  
FILED

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

Zoe Surgical Inc.

11 FEB -4 PM 5:05

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3101 Port Royale Blvd, Apt. 1113  
FT. LAUDERDALE, FL 33308

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

MEDICAL SUPPLY SALES

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

100 Common Shares

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

MELISSA WIEGAND, OWNER  
3101 Port Royale Blvd., Apt. 1113  
FT. LAUDERDALE, FL 33308

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MELISSA WIEGAND  
3101 Port Royale Blvd., Apt. 1113  
FT. LAUDERDALE, FL 33308

**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MELISSA WIEGAND, OWNER  
3101 Port Royale Blvd., Apt. 1113  
FT. LAUDERDALE, FL 33308

\*\*\*\*\*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Melissa A. Wiegand  
Signature/Registered Agent

1/1/11  
Date

Melissa A. Wiegand  
Signature/Incorporator

1/1/11  
Date