

# Certificate of Limited Partnership

A18000000355  
FILED  
August 30, 2018  
Sec. Of State  
ncausseauX

Name of Limited Partnership:

REGENERATIVE MEDICINE 4 U, LTD.

Street Address of Limited Partnership:

774 NORTHLAKE BLVD.  
SUITE 1016  
ALTAMONTE SPRINGS, FL. US 32701

Mailing Address of Limited Partnership:

774 NORTHLAKE BLVD.  
SUITE 1016  
ALTAMONTE SPRINGS, FL. US 32701

The name and Florida street address of the registered agent is:

SWANN HADLEY STUMP DIETRICH & SPEARS, P.A.  
200 E. NEW ENGLAND AVENUE  
SUITE 300  
WINTER PARK, FL. 32789

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: RALPH V. HADLEY, III

The name and address of all general partners are:

Title: G  
CARESTREAM AMERICA, LLC  
774 NORTHLAKE BLVD., SUITE 1016  
ALTAMONTE SPRINGS, FL. 32701 US

Signed this Thirtieth day of August, 2018

I (we) declare the I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

General Partner Signature: SCOTT BLAKE PETRUNICK

The individual(s) signing this document affirm(s) that the facts stated herein are true and the individual(s) is/are 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.