FO260000858

то:	Registration Sec Division of Corp			
SUBJ	ECT:	OPOGENESIS, INC. (Name of corporation)	ပ	
	,	(Name of corporation	on - must include suffi	x)
Dear S	Sir or Madam:			
"Certi	nclosed "Applicati ficate of Existence sact business in F	ion by Foreign Corporation for e", and check are submitted to Iorida.	Authorization to Tran register the above refe	sact Business in Florida", renced foreign corporation
Please	return all corresp	ondence concerning this matte	er to the following:	
			Meredith	Henderson
		(Name o	f Person)	
	OROGEN	esis, inc.		· ————————————————————————————————————
		(Firm/C	ompany)	400004929534
	100 MA	IN STREET		-02/ /5/02-0103700 2 *****87.50 *****87.50
			lress)	******87.50 *****87.50
	Newton	, TEXAS 75966		
	VIEW.		and Zip code)	
For fu	orther information	concerning this matter, please	call:	
·HE	perini He	terson at (409) 379. 4339	
	(Name of Pers	on) (Area	Code & Daytime Tele	ephone Number)
				₹s •
Regis Divis 409 E	EET ADDRESS: tration Section ion of Corporation C. Gaines St. hassee, FL 32399	ns	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations SA 5 F
Enclo	sed is a check for	the following amount:		e e e e e e e e e e e e e e e e e e e
3 \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & 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.	OROGENESIS, INCORPORATED
•	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
	natural person or partnership if not so contained in the name at present.)
2	(State or country under the law of which it is incorporated) (FEI number, if applicable)
	(State or country under the law of which it is incorporated) (FEI number, if applicable)
	annative
4.	(Date of incorporation) 5. Der petual (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist of perpetual)
6.	UPON QUALIFICATION
0.	(Date first transacted business in Florida, If corporation has not transacted business in Florida, insert "upon qualification.")
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
	La de deserva de la la companya de la la companya de la companya d
7.	108 MAIN STREET NEWTON, TEXAS 75966 (Principal office address)
	· · ·
	108 MAIN STREET NEWTON, TEXAS 75966
	(Current mailing address)
_	
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
	(1 alphosolo) of postporation desired an instantion of the second of the
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: Dailas Henderson
	Name: Dallas Feviller SCV)
_	office Address: 390 South East Mizner Roll 1807 Boca Raten, Florida 33432 (City) (Zip code)
O	ffice Address: 390 300711 Cas 7 111211C
	Rocc Rated Bloods 33432
	(City) (Zin code)
10	0. Registered agent's acceptance:
H	laying heen named as registered agent and to accept service of process for the above stated corporation at the place
đ.	esignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I
fi	urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
d	utles, and I am familiar with and accept the obligations of my position as registered agent.
	1 1 1 0 -
	1 Bacy/
	(Registered agent's signature)
	, J
1	1. 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.

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

A. DIRECTO	ORS			
Chairman:	GLEN HENDERSON		<u> </u>	
Address:	108 MAIN STREET			158-F
	NEWTON, TEXAS 75966	Newton, T	1/5	5966
Vice Chairman				
Address:		×		
Director:	, , , , , , , , , , , , , , , , , , , ,			
Address:				
			- 1	
Director:				
Address:				
				SE 02
B. OFFICE	RS			
	MEREDITH HENDERSON		•	5 -
A 33	108 MAIN STREET HOW	ne- RRI i	Box 1	58-F-
	NEWTON TEXAS 75966 N	EWTON, TY	75	905
EO/	Glen_Henderson	Home RF	RI RO	x 158-F
	108 MAIN St.	Newton	77	159(do
Address:	Newton, TX 75966			
	meredith Henderson		Hom	e RR 1 Box 15t
	108 Main St. Newton, T			TON TX 7596
	1 1 1 1 100	K 10100	1000	···/
Treasurer:	Meredith Henderson,	TY 75961		
Address:	108 Wall) 31 10001013	12 10108		
NOTE: If n	ecessary, you may attach an addendum to the applicat	tion listing additional	officers and	d/or directors.
13.	TUTUT			
13	(Signature of Chairman, Vice Chairman, or any o	fficer listed in number	12 of the	application)
14	Blen Henderson, a	nairman	+ Chie	officer
	(Typed or printed name and capacity of p	erson signing applicat	ion)	Otticer

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Gwyn Shea Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for OROGENESIS, INC. (filing number: 157441700), a Domestic Business Corporation, was filed in this office on March 10, 2000.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 24, 2002.



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Gwyn Shea Secretary of State