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TALLAHASSEE, FLORIDA

00614  
2/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 14, 2016

ALYSSA HARRISON  
3401 MACDONNELL DRIVE  
NORMAN, OK 73069

SUBJECT: UNITED TISSUE NETWORK, INC.  
Ref. Number: W16000070274

RECEIVED  
2016 NOV 16 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for UNITED TISSUE NETWORK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Tanisha L Washington  
Regulatory Specialist II

Letter Number: 316A00022115

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** United Tissue Network, Inc  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Alyssa Harrison

Name of Person

United Tissue Network, Inc

Firm/Company

3401 MacDonnell Dr.

Address

Norman, OK 73069

City/State and Zip Code

alyssa.harrison@unitedtissue.org

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

For further information concerning this matter, please call:

Alyssa Harrison

Name of Person

at ( 405 )  
Area Code

230-7313

Daytime Telephone Number

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. United Tissue Network, Inc.

(Name of corporation; must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Oklahoma 3. 46-1285250

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 29th 2012

5. \_\_\_\_\_

(Date of Incorporation)

(Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3401 MacDonell Dr., Norman, OK 73069

(Principal office address)

(Current mailing address, if different)

8. Whole-Body Donation Organization

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A

TAMPA

(City)

Florida

33607

(Zip Code)

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**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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

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

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

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

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

Director: Alyssa Harrison- Executive Director

Address: 3401 MacDonell Dr.  
Norman, OK 73069

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: David Breedlove

Address: 70 S. Val Vista Dr. Ste A3-677  
Gilbert, AZ 85296

Vice President: \_\_\_\_\_

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

Secretary: Hal Ezzell

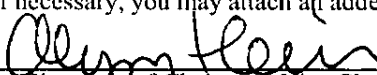
Address: 4161 E Admiral PL., Tulsa, OK 74115

Treasurer: Jack Bott

Address: 900 North Church Road, Elmhurst, Illinois 60126

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Alyssa Harrison - Executive Director  
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING**  
**DOMESTIC NOT FOR PROFIT CORPORATION**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that UNITED TISSUE NETWORK, INC. whose registered agent is EZZELL & WADLEY, P.L.L.C., with its registered office at 100 48TH AVE NW NORMAN 73072 USA Oklahoma is a Domestic Not For Profit Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 10th, day of November, 2016.*

*Mike Hunter*

*Secretary Of State*