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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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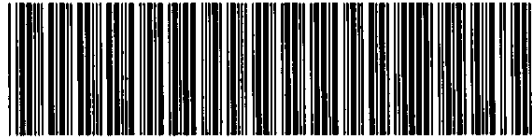
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BONE SOLUTIONS, 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:

DREW DIAZ
Name of Person
BONE SOLUTIONS, INC.
Firm/Company
5712 COLLEYVILLE BLVD. SUITE 210
Address
COLLEYVILLE, TX 76034
City/State and Zip code
DIAZ@BONESOLUTIONS.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES McNAMARA at (312) 933-3677
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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. BONE SOLUTIONS, 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. TEXAS 3. EIN 20-0735046
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5-23-2003 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5712 COLLEYVILLE BLVD, SUITE 210, COLLEYVILLE, TX
(Principal office address)

(Current mailing address, if different)

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

Name: DAVID R. AGER

Office Address: 911 SE 6TH AVE
POMANO BEACH, Florida 33060
(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.

David R. Ager
(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.

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

A. DIRECTORS

Chairman: DREW DIAZ
Address: 6406 CUTTER RIDGE COURT
COLLEYVILLE, TX 76034

Vice Chairman: JAMES McNAMARA
Address: 9363 E. SUTHERLAND WAY
SCOTTSDALE, AZ 85262

Director: TOM LALLY
Address: 603 MALLARD LANE
OAK BROOK, IL 60523

Director: TONY CUPP
Address: 6614 DARTBROOK
DALLAS, TX 75254

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TALLAHASSEE, FL 32304

B. OFFICERS

President: DREW DIAZ
Address: 6406 CUTTER RIDGE COURT
COLLEYVILLE, TX 76034

Vice President: _____
Address: _____

Secretary: JAMES McNAMARA
Address: 9363 E. SUTHERLAND, SCOTTSDALE, AZ 85262

Treasurer: JAMES McNAMARA
Address: 9363 E. SUTHERLAND, SCOTTSDALE, AZ 85262

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. JAMES A. McNAMARA
(Typed or printed name and capacity of person signing application)

ADDENDUM

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

A. DIRECTORS

Chairman: PHILIP HOLCOMBE

Address: 3201 BAY VIEW DR.

JONESBORO, GA 30236

Vice Chairman: WADE HAMPTON

Address: 1501 CALDWELL CREEK DR.

COLLEYVILLE, TX 76034

Director: MIKE AUSTIN

Address: C/O NEXT HEALTH

5710 LBJ FREEWAY, SUITE 300

Director: DALLAS, TX 75240

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. JAMES A. MCNAMARA

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

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STATE OF FLA.
TALLAHASSEE, FL 32304

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



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

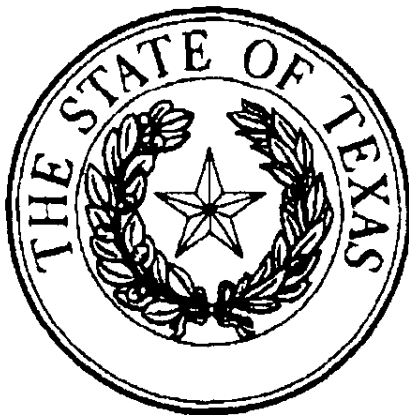
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Bone Solutions, Inc. (file number 800206922), a Domestic For-Profit Corporation, was filed in this office on May 23, 2003.

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

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 04, 2017

FILED
17 JAN 23 12 51
SECRETARY OF STATE
TALLAMORE



Carlos H. Cascos

Carlos H. Cascos
Secretary of State