

F18000003587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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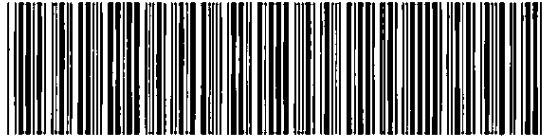
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 AUG -6 AM 11:33

STATE
OPERATIONS
FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
AUG -7 2018

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 8/6/2018

****WALK IN****

ENTITY NAME ORTHOGENRX, INC.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

CHECK # 5120

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OrthogenRx, 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:

Susan Brussock

Name of Person

OrthogenRx, Inc.

Firm/Company

2005 South Easton Road, Suite 207

Address

Doylestown, PA 18901

City/State and Zip code

sbrussock@orthogenRx.com

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

For further information concerning this matter, please call:

URS Agents, LLC c/o Kathy Clark

800

567-4397

at (_____) _____

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. OrthogenRx, 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. Pennsylvania 3. 46-0771529
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/25/2012 5. Perpetual
(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. 2005 South Easton Road, Suite 207, Doylestown, PA 18901
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: URS Agents, LLC
- Office Address: 3458 Lakeshore Drive
- Tallahassee, Florida 32312
(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.

K. Bishop Kanetha Bishop, Asst. Secretary
(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.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Michael J. Daley

Address: 2005 South Easton Road, Suite 207

Doylestown, PA 18901

Director: J. David Owens

Address: 2005 South Easton Road, Suite 207

Doylestown, PA 18901

B. OFFICERS

President: Michael J. Daley

Address: 2005 South Easton Road, Suite 207

Doylestown, PA 18901

Vice President: J. David Owens

Address: 2005 South Easton Road, Suite 207

Doylestown, PA 18901

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. David Toledo-Velasquez
(Typed or printed name and capacity of person signing application)

OrthogenRx, Inc.

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Name	Title	Business Address
Michael J. Daley	Co-Chief Executive Officer; Member, Board of Directors	2005 South Easton Road, Suite 207 Doylestown, PA 18901
J. David Owens	Co-Chief Executive Officer; Member, Board of Directors	
Frank Galli	Chief Financial Officer	
David Toledo-Velasquez	Senior Vice President Manufacturing, Quality & Alliances	
Lynne Budnovitch	Vice President Operations and Corporate Compliance	
Ken Long	Vice President Market Access & Ket Accounts	10808 West Bridgford Dr. Cary, NC 27518
David Oster	Member, Board of Directors	11960 Lioness Way Suite 270 Parker, CO 80134
Thomas Petro	Member, Board of Directors	109 Rossmore Drive Malvern, PA 19355
Diane Sullivan	Member, Board of Directors	183 South Spring Mill Rd Villanova, PA 19085
Volker Berl	Member, Board of Directors	521 Fifth Avenue, Floor 21 New York, NY 10175

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/27/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OrthogenRx, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180727120820-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>