F1900003262

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu: | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
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900331873049

19 JUL 15 AM 11:01

19 JUL 15 AM 10: 08

B KINSEY JUL 1 6 Z019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : | 12000000195 | | | | |
|---|-----------------|--|--|--|--|
| REFERENCE : | 841113 7745126 | | | | |
| AUTHORIZATION : | | | | | |
| COST LIMIT : | \$ 87.50 | | | | |
| ORDER DATE : July 12, 2019 | | | | | |
| ORDER TIME : 9:37 AM | | | | | |
| ORDER NO. : 841113-005 | | | | | |
| CUSTOMER NO: 7745126 | | | | | |
| • | | | | | |
| FOREIGN FILINGS | | | | | |
| | | | | | |
| NAME: BACTERIN INTERNATIONAL, INC. | | | | | |
| | | | | | |
| | | | | | |
| XXXX QUALIFICATION (TYPE: CO) | | | | | |
| PLEASE RETURN THE FOLLOWING AS P | ROOF OF FILING: | | | | |
| _XX CERTIFIED COPY | | | | | |
| PLAIN STAMPED COPY _XX CERTIFICATE OF GOOD STANI | DING | | | | |
| | | | | | |
| CONTACT PERSON: Lydia Cohen I | EXT# 62974 | | | | |
| | EXAMINER: | | | | |
| | | | | | |

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|---|--------------------------------------|----------------|-------------------------------------|---------------------------------------|---|
| Bacterin | International, Inc. | | | | |
| SUBJECT: | Name of | corporation | - must include suffix | | |
| Dear Sir or Madam: | | | | | |
| The enclosed "Applica" Certificate of Existen above referenced forei | ce," or "Certificate of | of Good Star | iding" and check are s | | • |
| Please return all corres Gail Slingsby | spondence concernin | g this matter | to the following: | | |
| | | Name of | Person | · · · · · · · · · · · · · · · · · · · | |
| Xtant Medical, Inc. (Bac | terin International, Inc | .) | | | |
| | | Firm/Com | pany | | *************************************** |
| 664 Cruiser Lane | | | | | |
| | | Addre | ess | | |
| Belgrade, MT 59714 | | | | | ال 19 ال |
| | | City/State a | nd Zip code | | |
| gslingsby@xtantmedical | com | | | 9.:4 Fi | Si : |
| | E-mail address: | (to be used f | or future annual repor | t notification) | <u> </u> |
| For further information | concerning this ma | tter, please c | all: | ORIO BAGISSO | i0: 0 : |
| Ramon Mercado | | 406 | 218-1400 | | |
| Name of Perso | a | Area Code | Daytime Tele | ephone Number | _ |
| STREET/CON Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl | rporations g e Center Circle | | Registration | Corporations 27 | |
| Enclosed is a check for | the following amou | nt: | | | |
| ☐ \$70.00 Filing Fee | ☐ \$78.75 Filing I Certificate of | | \$78.75 Filing Fee & Certified Copy | | of Status & |

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.

| oration; must include "INCORPORATED," ," "Inc," "Co," or "Corp.") in Florida, enter alternate corporate name a 3. inder the law of which it is incorporated) [Date first transacted business in (SEE SECTIONS 607.1501 & 607.156)] cligrade, MT 59714 | (Date of duration, if other | ng business in Florida) pplicable) r than perpetual) |
|--|--|--|
| 3. Inder the law of which it is incorporated) 5. Incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) | (FEI number, if as (Date of duration, if other Florida, if prior to registration) | pplicable) r than perpetual) |
| 3. Index the law of which it is incorporated) 5. Incorporation) (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) | (FEI number, if and (Date of duration, if other Florida, if prior to registration) | r than perpetual) |
| (SEE SECTIONS 607.1501 & 607.150 | (Date of duration, if other | r than perpetual) |
| (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 | Florida, if prior to registration) | |
| (SEE SECTIONS 607.1501 & 607.150 | | lity) |
| (SEE SECTIONS 607.1501 & 607.150 | | lity) |
| | | |
| (Princips | al office address) | |
| · • | · | |
| (Current mailing | g address, if different) | |
| | . Box NOT acceptable) | 19 JU 15-44 FALL A |
| Sorporation Service Company | | 黄 5 |
| 201 Hays Street | | |
| aliahassee | 32301 , Florida | AH 10: 08 |
| (City) | (Zip code) | æ |
| es registered agent and to accept service olication, I hereby accept the appointm | ent as registered agent and agr Llative to the proper and compl | ree to act in this capa ete performance of m Li. |
| | ddress of Florida registered agent: (P.O. Corporation Service Company 1201 Hays Street Caliahassee (City) S acceptance: as registered agent and to accept service plication, I hereby accept the appointments with the provisions of all statutes re | (City) Sacceptance: as registered agent and to accept service of process for the above state plication, I hereby accept the appointment as registered agent and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of all statutes relative to the proper and completely with the provisions of the provisions of all statutes relative to the proper and the provisions of the provisions o |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicatio the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdict under the law of which it is incorporated.

| hairmar | CrbiMed Advisors LLC | | | |
|------------|--|----------------|----------|---------|
| dress: | 601 Lexington Ave. 54 Fl., New York, NY 10022 | | | |
| Cha | N/A | | | |
| ess: | | | | |
| or: | John Bakewell, Robert McNamara | | | |
| ss: | OrbiMed Advisors LLC | | | |
| | 601 Lexington Ave. 54Fl., New York, NY 10022 | · - | | |
| | Matthew Rizzo, Michael Eggenberg | | | |
| • | OrbiMed Advisors LLC | | | |
| J . | 601 Lexington Ave. 54Fl., New York, NY 10022 | | | |
| F. | ICERS | | | |
| nt: | Greg Jensen | | | |
| : | Xtant Medical Inc | | | |
| | 664 Cruiser Lane, Belgrade, MT 59714 | A | 19 | |
| 5 | Kevin Brandt, Ron Berlin | でした。 | = | |
| | Xtané Medical Inc | 3, 25 3 | ੱਯ == | ر در |
| | 664 Cruiser Lane, Belgrade, MT 59714 | E8 +++ | | |
| , : | Amy Culbert | NIE 1819⊅ | 08 | |
| | Fox Rothschild LLP, Campbell Mithu Tower Suite 2000, 222 South Ninth St, Minneapolis, MN | 55402- | 3338 | |
| r, | Greg Jensen | | | |
| | Xtant Medical Inc, 664 Cruiser Lane, Belgrade, MT 59714 | | | |
| : | If necessary, you may attach an addendum to the application listing additional officers a | nd/or d | irecto | rs. |
| | - January Comment of the Comment of | | | |
| 8 | Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that and that he or she is aware that false information submitted in a document to the Department of Director or Officer or Office | | | |
| | Jensen, Principal Executive Officer | | | |
| | (Typed or printed name and capacity of person signing application) | | • | |

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BACTERIN INTERNATIONAL**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 19, 1999, and is in good standing in this state.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 12, 2019.

Barbara K. Cegavske
Secretary of State

Electronic Certificate

Certificate Number: C20190712-1159