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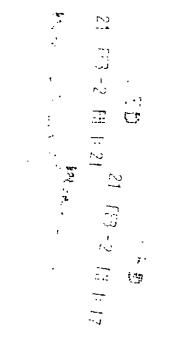
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FEB O James

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Foundation for Advancing Pediatric Orthop	paedics, Inc.	
Name of Corporatio	n – must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Not for Profit Affairs in Florida", "Certificate of Existence", or "Ceregister the above referenced not for profit corporation."	ertificate of Status" and che-	ck are submitted to
Please return all correspondence concerning this mat	iter to the following:	
Greg J. Duncan		
Name o	f Person	
Dentons Bingham Greenebaum LLP		
Firm/C	ompany	
2700 Market Tower		
10 West Market Street		
Ado	dress	
Indianapolis, Indiana 46204		
City/State a	nd Zip Code	
greg.duncan@dentons.com		
E-mail address: (to be used for	future annual report notifica	ution)
For further information concerning this matter, plea	se call:	
Greg J. Duncan	968-5372	
Name of Person	Area Code Daytime Tel	ephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323	itions hassee reet, Suite 810
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM! \$\Bigsir \$\$\$\$\$\$\$\$\$570.00 Filing Fee & Gertificate of Status	ENT OF STATE □\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee. Certificate of Status & 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:

i the name at pr	e as will clearly indicate that it is a corporation sent. "Company" or "Co." may not be used as	n instead of a natural person or partnersh a corporate suffix by a nonprofit corpora	ip if no ation.)	ot so con	tained
(If name unava	lable in Florida, enter alternate corporate name	e adopted for the purpose of transacting b	usines	s in Flor	rida)
Indiana	3.	82-4138467			
(State or cour	3. try under the law of which it is incorporated)	(FEI number, if applicab	le)		
January 23, 20	5.	perpetual			
(E	85. ate of Incorporation)	(Date of duration, if other tha	n perp	etual)	
(Date first cond	icted affairs in Florida if prior to registration. See	sections 617 (50) & 617 (507 F \$ to de	ormine	penalty	liability.)
		Sections 617.7501 & 617.1502, 1.5, 16 des	e, ,,,,,,	penany	
301 S. County	Farm Road, Suite L, Wheaton, IL 60187				
	(Principal offi	ce <u>street</u> address)			
 -	(Current mailing	address, if different)		<u></u>	
	,	•			
See Attachme	nt l				
Purpose(s) of	it I corporation authorized in home state or country	to be carried out in the state of Florida)			
				, .) 	
Name and str	eet address of Florida registered agent: (P.C	O. Box <u>NOT</u> acceptable)	:		
				. ,	
				ı	
Name:	Caroline Eaton		<u>.</u>		
Name:	Caroline Eaton 60 Yacht Club Drive #304		<u>·</u>	Ü	ř ·
Name: fice Address:		Florida 33408	<u>-</u>		_ , .
Name: fice Address:		, Florida 33408 (Zip Code)	<u>-</u> -		
Name: fice Address:	Caroline Eaton 60 Yacht Club Drive #304 North Palm Beach (City)	, Florida 33408 (Zip Code)	<u>-</u> -	7 FT 1: 17	
fice Address:	North Palm Beach (City) agent's acceptance:			○ F1 H 17 .	J
fice Address: , Registered	60 Yacht Club Drive #304 North Palm Beach (City) agent's acceptance: med as registered agent and to accept ser	vice of process for the above stated c	orpor	ation a	 t the plac
ice Address: Registered ving been not ignated in the other apree to	60 Yacht Club Drive #304 North Palm Beach (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin comply with the provisions of all statutes	vice of process for the above stated c tment as registered agent and agree relative to the proper and complete	orpor to act	in this	:) t the place capacity
ice Address: Registered ving been no ignated in the there agree to	60 Yacht Club Drive #304 North Palm Beach (City) agent's acceptance: med as registered agent and to accept ser	vice of process for the above stated c tment as registered agent and agree relative to the proper and complete	orpor to act	in this	: the place capacity

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR							
≘ Chairman	Name:	□Chairman	Name: Dr. Ben A. Alman				
□Vice Chairman	Address:	□Vice Chairman	Address:				
■ Director	Bradenton, FL 34208	■Director	5th Floor Room 5314				
President		□President	DUMC Box 2888				
□Vice President		■Vice President	Durham, NC 27710				
☐ Secretary	□Treasurer	□Secretary	☐ Treasurer				
□Other:	☐ Other:	□Other:	□Other:				
□ Chairman □ Vice Chairman ■ Director	Name: Dr. Jon Davids 2425 Stockton Blvd. Address: Sacramento, CA 95817	□Chairman □Vice Chairman ■Director	Name: P.O. Box 509 Address: Paoli, PA 19301				
□President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary	■ Treasurer				
□Other:	Other:	□Other:	Other:				
□Chairman □Vice Chairman	Name: Dr. Donald S. Bae Name: Dept. of Orthopaedic Surgery Address:	□Chairman □Vice Chairman	Name: 4202 Doctor's Tower Address:				
	300 Longwood Ave. Hunnewell 2	■Director	2200 Children's Way				
■Director □President	Boston, MA 02115	□President	Nashville, TN 37232				
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	☐Treasurer				
□Other:	☐ Other:	□Other:	□Other:				
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 13. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Dr. Peter F. Armstrong, President (Typed or printed name and capacity of person signing application)							

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

FOUNDATION FOR ADVANCING PEDIATRIC ORTHOPAEDICS, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 23, 2018, and was in existence or authorized to transact business in the State of Indiana on January 13, 2021.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 13, 2021

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201801231235832 / 20211810058

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on February 12, 2021.

Foundation for Advancing Pediatric Orthopaedics. Inc.

EIN: 82-4138467

Attachment to Application for Foreign Not For Profit Corporation

Attachment 1

Purpose of Corporation

The Corporation shall operate exclusively in furtherance of educational, scientific, religious and/or charitable purposes, or for any other purpose authorized under Section 501(c)(3) of the Internal Revenue Code of 1986, as from time to time amended or superseded (hereinafter referred to as the "Code"), and no part of its net earnings shall inure to the benefit of any private individual.

The vision is for the Corporation is to be recognized as the world leader in supporting and providing excellence in pediatric orthopaedic education and research.

The overall mission of the Corporation is to enhance the knowledge and experience, through education and research, of surgical trainees or practicing surgeons who are involved in helping children with orthopaedic disorders and injuries.

Foundation for Advancing Pediatric Orthopaedics, Inc.

EIN: 82-4138467

Attachment to Application for Foreign Not For Profit Corporation

Attachment 2

Certificate of Existence Dated January 12, 2021