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COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	SPINEART USA INC.			
SODJECT.		of corporation -	- must include suffix	
Dear Sir or M	adam:			
"Certificate o		of Good Stand	Authorization to Transact Busine ling" and check are submitted to s in Florida.	
Please return	all correspondence concern	ing this matter t	to the following:	
FRANCOIS G	. LAUGIER	-		
		Name of P	erson	
ROPERS MAJ	ESKLPC			
		Firm/Comp	pany	202
535 MIDDLEF	FIELD ROAD, SUITE 245			12.4
		Addres	SS	~
MENLO PARI	K. CA 94025			-
		City/State an	d Zip code	2022. J. 24 PH 6: 00
ALINE.LEE@	ROPERS.COM			ن ئن
	E-mail address	s: (to be used fo	or future annual report notification	on) &
For further in	formation concerning this n	natter, pleașe ca	dl:	
ALINE LEE		at (780-1675	
Name	e of Person	Area Code	Daytime Telephone Nur	nber
Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ns
	check for the following americk payable to: FLORIDA Ding Fee	EPARTMENT (ig Fee &	\$78.75 Filing Fee & S87 Certified Copy Ce	7.50 Filing Fee, rtificate of Status & rtified 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	SPINEART USA INC.				
-,		corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	,	
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2.	DELAWARE	. 3	27-0346317		
<u>.</u> .	(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
4	4. MARCH 20, 2009 5. (Date of incorporation)		PERPETUAL		
••			(Date of duration, if other than perpetual)		
6.			<u> </u>		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
7	23332 Mill Cre	ek Drive, Suite 150, Laguna Hills, CA 92653-	9265	202	
(Principal of		(Principal off	ice <u>street</u> address)	202 Jul 24	
	-	(Current maili	ng address, if different)	F	
				Pil	
8.	Name and street	et address of Florida registered agent: (P.O.	D. Box NOT acceptable)	. <u>.</u>	
	Name:	Corp2000, Inc.	agentura de la granda de la compansa	· 63	
Office Address:		155 Office Plaza Dr, Suite A			
		Tallahassee	, Florida 32301		
		(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.

Glund May (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.

A. DIRECTORS			CTPOLLAN CORL
□Chairman	Name:	□ Chairman	Name: STEPHAN CORI
□Vice Chairman	Address: 23332 Mill Creek Drive, Suite 150	□Vice Chairman	Address: 23332 Mill Creek Drive, Suite 15 O
Director	Laguna Hills, CA 92653-9265	□Director	Laguna Hills. CA 92653-9265
■ President	, 	□President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer ·	☐ Secretary	■ Treasurer
■Other <u>CEO</u>	Other	CFO	Other
□Chairman	Name: BASSEM KHOURY	□Chairman	Name: ALESSIA ERLINGHER
	23332 Mill Creek Drive, Suite 15 (22222 MOB Casali Dalas Calina ISC
□ Vice Chairman	Laguna Hills, CA 92653-9265	□ Vice Chairman	Address: Laguna Hills, CA 92653-9265
□President		□President	202
□Vice President		□Vice President	JUN 21
Secretary	□Treasurer	□Secretary	□Treasurer P
GENERA GENERA	AL MGR	CCO Other	□Other □
			00+
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
□Other	□Other	□Other	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of	tment of State Annual Re	eport form.
, <u></u>	Signature of Direct	or or Officer	
The officer or dire	ctor signing this document (and who is listed in nur	nber 11 above) affirms th	nat the facts stated herein are true and that he or

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 of 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.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPINEART USA INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPINEART USA INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

BEEN PAID TO DATE.

11/1 24 PH 6: UM

Authentication: 202988314

Date: 03-23-22