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SECRETARY OF STATE TALLAHASSEE, FLORIDA



D. BRUCE JUN 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 681913 4312752 AUTHORIZATION : COST LIMIT : ORDER DATE: June 14, 2017 ORDER TIME : 9:35 AM ORDER NO. : 681913-015 CUSTOMER NO: 4312752 FOREIGN FILINGS NAME: AZIYO MED, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO:

Registration Section

Division of	Corporations			
SUBJECT:	******	MED, LLC Limited Liability Company		
				
The enclosed "Applic Existence, and check	ation by Foreign Limited Liability Comp are submitted to register the above reference.	pany for Authorization to Transact Business in Florid enced foreign limited liability company to transact bu	la," Certificate of ssiness in Florida	
Please return all corre	espondence concerning this matter to the	following:		
Patricia B. Chouinard				
Name of Person				
Shipman & Goodwin LLP				
Firm/Company				
One Constitution Plaza				
Address				
Hartford, CT 06103-1919				
City/State and Zip Code				
inamet@aziyo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Patr	icia B. Chouinard	at 860 251-5930 € 3	÷ #	
Name of Contact Person Area Code Daytime Telephone Number				
MAILING A Division of C Registration P.O. Box 63: Tallahassee,	Corporations Section 27	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for \$125.00 F	or the following amount: Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy of Status & Certified C		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AZIYO MED, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L L C," or "LLC.") ₂ Delaware 3 32-0533133 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. 12510 Prosperity Drive 12510 Prosperity Drive (Street Address of Principal Office) (Mailing Address) Suite 370 Suite 370 Silver Spring, MD 20904 Silver Spring, MD 20904 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Florida 32301 Tallahassee Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability Dompany 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.
Corporation Service Company Melissa 🤼 👵 Asst. Vice Problem (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Sole Member Aziyo Biologics, Inc VP. Finance and Treasurer Jeffrey D. Hamet 12510 Prosperity Drive, Suite 370 12510 Prosperity Drive, Suite 370 Silver Spring, MD 20904 Silver Spring, MD 20904

(Use attachments if necessary)

President & CEO

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted).

Lode Debrabandere

12510 Prosperity Drive, Suite 370

Silver Spring, MD 20904

Signature of an authorized person

Michelle Leroux Williams

12510 Prosperity Drive, Suite 370

Silver Spring, MD 20904

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AZIYO MED, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-THIRD DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AZIYO MED, LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202585564

Date: 05-23-17

6414867 8300 SR# 20173903537