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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Regenexx, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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17 NOV 15 AM 9:29
STATE OF FLORIDA
S. LEGGETT
NOV 16 2017

**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:

1. Regenexx, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 37-2584839
(FBI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 6151 Thornton Street, Suite 400
(Street Address of Principal Office)
6. 6151 Thornton Street, Suite 400
(Mailing Address)
- Des Moines, IA 50321
- Des Moines, IA 50321

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr., STE 150A

Tampa, Florida 33607
(City) (Zip code)

FILED
17 NOV 15 AM 8:28
TALLAHASSEE, FL

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Bill Hume
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
AMBR	Regenerative Sciences, LLC 6151 Thornton Street, Ste 400 Des Moines, IA 50321	AMBR	Harborview Healthcare, Inc 6151 Thornton Street, Ste 400 Des Moines, IA 50321
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0903(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.

Thomas Jackowski
(Signature of an authorized person)

Thomas Jackowski, Secretary of Harborview Healthcare, Inc., Member
Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REGENEXX, 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 FIFTH DAY OF OCTOBER, A.D. 2017.



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You may verify this certificate online at corp.delaware.gov/authver/cert.html

Authentication: 203348630

Date: 10-05-17