

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. Kreg Therapeutics, 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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 02/10/2010
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1940 JANICE AVE.
(Street Address of Principal Office)

6. 1940 JANICE AVE.
(Mailing Address)

MELROSE PARK, IL 60160 MELROSE PARK, IL 60160

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.

By: C T Corporation System
(Registered agent's signature) SEAN L. EMERICK, ASSISTANT SECRETARY

FILED
2023 MAY 23 PM 1:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

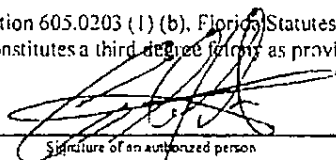
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: SEE FACT SHEET	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

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 605.0203 (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.



Signature of an authorized person

CHRISTIAN JORGENSEN

Typed or printed name of signer

FACT SHEET – KREG ENTITIES

As of January 24, 2023

Company	Address	Tax ID (TIN / EIN)	Ownership	Managers / Directors	Officers
M/S Kreg Investors LLC Jurisdiction: Delaware	3131 Eastside St. Suite 300, Houston, TX 77098	87-3817067	See ownership ledger	Member-Managed - Managing-Members: Milton Street Capital Fund I GP, LP Milton Street Capital Fund II GP, LP	President: Francis Carr Vice President: Hunter Nelson
Kreg Holdings LLC Jurisdiction: Delaware	3131 Eastside St. Suite 300, Houston, TX 77098	87-3795758	See ownership ledger	Managers (up to 5): Francis Carr Hunter Nelson Craig Poulos Paul Johnson Christian Jorgensen	President: Francis Carr Vice President: Hunter Nelson Chief Executive Officer: Christian Jorgensen Chief Financial Officer: Bob Ozelle
Kreg LLC Jurisdiction: Delaware	3131 Eastside St. Suite 300, Houston, TX 77098	87-3789949	Kreg Holdings LLC (100%)	Member-Managed: Kreg Holdings LLC	Chief Executive Officer: Christian Jorgensen Chief Financial Officer: Bob Ozelle
Kreg Medical Inc. Jurisdiction: Illinois	1940 Janice Ave, Melrose Park, IL 60160	32-0102302	Kreg LLC (100%)	Directors (up to 5): Francis Carr Hunter Nelson Craig Poulos Paul Johnson Christian Jorgensen	Chief Executive Officer: Christian Jorgensen Chief Financial Officer: Bob Ozelle
Kreg Therapeutics LLC Jurisdiction: Illinois	1940 Janice Ave, Melrose Park, IL 60160	36-4111215	Issued/Outstanding: 100 shares Class A Common Stock 900 Shares Class B Common Stock Kreg LLC (100%)	Member-Managed: Kreg LLC	Chief Executive Officer: Christian Jorgensen Chief Financial Officer: Bob Ozelle

* To be identical to composition Holdings Board in accordance with L.L.C.A of Holdings.

LAST/20008316

File Number

1099756-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

KREG THERAPEUTICS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 14, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of APRIL A.D. 2023 .