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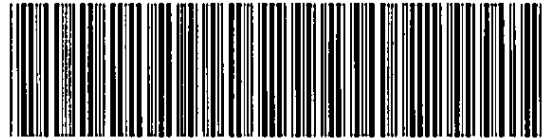
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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** AMERICAN COLLEGE OF REGENERATIVE MEDICINE, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** JEFFREY N. WEISS  
\_\_\_\_\_  
Name (Printed or typed)

7600 VENTURA LANE  
\_\_\_\_\_  
Address

PARKLAND, FLORIDA 33067  
\_\_\_\_\_  
City, State & Zip

954-975-0044  
\_\_\_\_\_  
Daytime Telephone number

jweissmd@me.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be: AMERICAN COLLEGE OF REGENERATIVE MEDICINE, INC.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:

7600 VENTURA LANE PARKLAND, FL 33067

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE A FORUM FOR PROFESSIONAL AND SCIENTIFIC COMMUNICATION AMONG INDIVIDUALS AND GROUPS INVOLVED IN THE BASIC AND APPLIED STUDIES OF REGENERATIVE MEDICINE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: THE NOMINATING COMMITTEE SHALL APPOINT ALL MEMBERS OF THE BOARD OF DIRECTORS

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CANAPP, SHERMAN D

Address: 10975 GUILFORD ROAD  
ANNAPOLIS JUNCTION, MD 20701

Name and Title: CORREA, DIEGO D

Address: 1450 NW 10TH AVE ROOM 3014  
MIAMI, FL 33136

Name and Title: MARX, ROBERT D

Address: 9380 SW 150 STREET, SUITE 170  
MIAMI, FL 33176

Name and Title: MILLER, RANDY P D

Address: P.O. BOX 310787  
MIAMI, FL 33231-0787

Name and Title: PRODROMOS, CHAD D

Address: 1714 MILWAUKEE AVENUE  
GLENVIEW, IL 60025

Name and Title: SAMPSON, STEVE D

Address: 10780 SANTA MONICA BLVD  
SUITE 210  
LOS ANGELES, CA 90025

Name and Title: SIEGEL, BERNIE D  
Address: 9314 FOREST HILL BLVD #2  
WELLINGTON, FL 33411

Name and Title: WEISS, JEFFREY N. VP D  
Address: 7600 VENTURA LANE  
PARKLAND, FL 33067

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BONHAM, GENE S.  
Address: 1999 N UNIVERSITY DRIVE SUITE 212  
CORAL SPRINGS, FL 33071

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: BONHAM, GENE S  
Address: 1999 N UNIVERSITY DRIVE SUITE 212  
CORAL SPRINGS, FL 33071

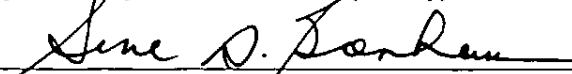
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/25/2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent  
GENE S. BONHAM

6/25/19  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*

  
Required Signature of Incorporator  
GENE S. BONHAM

6/25/19  
Date