

TRANSMITTAL LETTER

**P01000112595**

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

000004681558--5  
-11/21/01--01093--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: REGENERATION DEPOSITORY RM CORPORATION  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: RON MILITELLO  
Name (Printed or typed)

5830 MAYNARD ROAD  
Address

CORAL GABLES, FLORIDA 33146  
City, State & Zip

866.964.8900  
Daytime Telephone number

**FILED**  
2001 NOV 21 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

*js* 11/28/01

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

REGENERATION DEPOSITORY RM CORPORATION

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5830 MAYNADA ROAD  
CORAL GABLES, FLORIDA 33146

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

1,000,000,000 SHARES - NO PAR VALUE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

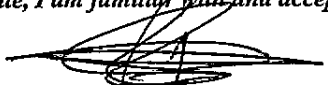
ROH MILITELLO  
5830 MAYNADA ROAD  
CORAL GABLES, FLORIDA 33146


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROH MILITELLO  
5830 MAYNADA ROAD  
CORAL GABLES, FLORIDA 33146

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

FILED  
2001 NOV 21 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11.20.2001  
\_\_\_\_\_  
Date

11.20.2001  
\_\_\_\_\_  
Date