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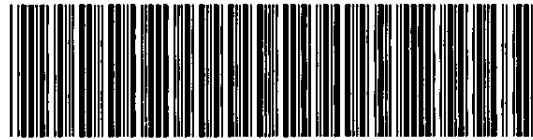
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~~W12-29773~~

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12 JUN 11 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1/11

COVER LETTER

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

SUBJECT: OrthoBiologics Inc.

(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: Adam Michael Albertelli

Name (Printed or typed)

845 NW 9TH CT

Address

MIAMI, FL 33136

City, State & Zip

850-559-2726

Daytime Telephone number

OrthoBiologicsInc@aol.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2012

ADAM MICHAEL ALBERTELLI
845 NW 9TH CT
MIMAI, FL 33136

SUBJECT: ORTHOBIOLOGICS INC.
Ref. Number: W12000029773

We have received your document for ORTHOBIOLOGICS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 912A00015561

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: OrthoBiologics Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
845 NW 9TH CT
MIAMI, FL 33136

Mailing address, if different is:

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12 JUN 11 PM 5:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation will manage sales, marketing, and training representatives of surgical products or devices.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adam Michael Albertelli/President
Address: 845 NW 9TH CT
MIAMI, FL 33136

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Adam Michael Albertelli
Address: 845 NW 9TH CT
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Adam Michael Albertelli
Address: 845 NW 9TH CT
MIAMI, FL 33136

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

Adam Albertelli
Adam Albertelli; Required Signature/Registered Agent

6/7/2012
Date

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

Adam Albertelli
Adam Albertelli; Required Signature/Incorporator

6/7/2012
Date