Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Osteon Merger Sub, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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OCT 1 9 2017

ARTICLES OF INCORPORATION

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

ARTICLE 1 NA. The name of the corp	ME Osteon Merger Sub, Inc.	 			_
	INCIPAL OFFICE Principal street address	1	Mailing address,	if different is:	
Fort Worth, Texas					
ARTICLE III PU. The purpose for whi	RPOSE ch the corporation is organized is:	oub Entity			
ARTICLE IV SH The number of stare	IARES 1000 Common Stock			 	
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTORS Title: Michael LaGatta Director	None and Title	Ken Murphy	Director	<u>ن:</u> 48
Address	301 Commerce Street, Suite 3300	Address:	Name and Title: Ken Murphy Dire 301 Commerce Street,		3300
	Fort Worth, Texas 76102	_	Fort Worth, Te	xas 76102	
Name and I	Citle:	Name and Title	·		
Address		Address:			
					
Name and	Fitle:	Name and Title	×		
Address		Address:			

Name an	d Title: Name a	nd Title:
Address	Address	s:
		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the regist	tered agent is:
me:	Corporate Creations Network Inc.	
d ress :	11380 Prosperity Farms Road #221E	
	Palm Beach Gardens, FL 33410	<u> </u>
		7.0
TICLE VII	<u>INCORPORATOR</u>	
name and a	deress of the Incorporator is:	
√ame;	Michael LaGatta	
Address:	301 Commerce Street, Suite 3300	
	Fort Worth, Texas 76102	<u>.</u>
TICLE VIII	EFFECTIVE DATE:	
ective date, if		(OPTIONAL)
ig.)	are is igree, the owie must be specific and canadi be mor	e man live days prior or 90 days after the
e: If the date	inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed as
	ffective date on the Department of State's records.	
ing been na certificate, I	ned as registered agent to accept service of process for the a am familiar with and accept the appointment as registered ag	above stated corporation at the place designated in gent and agree to act in this capacity
Val	Rachel Kauffman, Special 8 Required Signature/Registered Agent	Secretary 10/18/2017
	Required Signature/Registered Agent	Date
bmit this document to the	nument and affirm that the facts stated herein are true. I an Department of State constitutes a third degree felony as provi	m aware that the false information submitted in a vided for in s.817.155, F.S.
	WILLES	10/18/2017
Requ	red Signature/Incorporator Michael LaGatta	Date