

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000050945 3)))



H180000509453AEC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
TISSUE RESTORATIVE INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED
2018 FEB 13 AM 11:06

FLORIDA
DIVISION OF CORPORATIONS

18 FEB 13 AM 9:16
FILED
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 14 2018

T. SCOTT

ARTICLES OF INCORPORATION

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

ARTICLE I NAME TISSUE RESTORATIVE INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12006 ROYCE WATERFORD CIRCLE

12006 ROYCE WATERFORD CIRCLE

TAMPA, FL. 33626

TAMPA, FL. 33626

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful activity for which a corporation may be formed.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LORENZO MASTRANDREA- Director

Name and Title: _____

Address 12006 ROYCE WATERFORD CIRCLE

Address: _____

TAMPA, FL. 33626

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

18 FEB 13 AM 9:16
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO
FLORIDA

6074207420
1.718.889.7420
18 FEB 13 AM 9:16

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: LORENZO MASTRANDREA
Address: 12006 ROYCE WATERFORD CIRCLE
TAMPA, FL. 33626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LORENZO MASTRANDREA
Address: 12006 ROYCE WATERFORD CIRCLE
TAMPA, FL. 33626

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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/Registered Agent:

02/09/2018

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.



Required Signature/Incorporator

02/09/2018

Date