# M1600001027°

(Re	equestor's Name)			
(Ac	ldress)			
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PICK-UP	MAIT	MAIL		
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(Bı	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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000293443630

DEC 23 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

#

ACCOUNT NO. : 12000000195

REFERENCE : 43,5144, 7581639

AUTHORIZATION : THE RECEIVE

COST LIMIT : \$ 160.00

ORDER DATE: December 22, 2016

ORDER TIME : 2:41 PM

ORDER NO. : 435144-005

CUSTOMER NO: 7581639

#### FOREIGN FILINGS

NAME: ROCKLEDGE FLORIDA MAMMOGRAPHY JV, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_ CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section

Div	ision of Corporation	18					
SUBJECT:	Rockledge Florida Mammography JV, LLC						
DODUDOT		Name of Limited Liability Company					
The enclosed Existence, an	"Application by For id check are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limit	tion to Tra	insact Business in Florida," company to transact busin	Certificate of less in Florida.	
Please return	all correspondence of	concerning this matter to the	following:				
	Scan Barker				•		
	Name of Person						
	Solis Mammography						
	Firm/Company 15601 Dallas Pkwy, Stc 500						
	Address Addison, TX 75001						
City/State and Zip Code							
	sean.barker@sol						
	~ 4 4 4 4 7 4 4 1 4 <del>1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </del>	E-mail address: (to be used	for future annual	report not	ification)		
For further in	nformation concernin	g this matter, please call:					
Sea	m Barker		469 at (	398-416	65 time Telephone Number		
<del></del>	Name o	f Contact Person	Area Code	Day	time Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	check for the follow		□ \$155 A0 E:1:-	or Fan A	■ \$160.00 Filing Fee, C	artificata	
П 9	125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filin Certified Copy		of Status & Certified Co		

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPANY TO TRANSACT E	da Mammagraphy JV, LLC	
	reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	TIC.7
(If name unavailable, enter Liability Company," "L.L.C	alternate name adopted for the purpose of transacting business in Florida. The alternate nam	ne must include "Limited
Delaware	2	
(Jurisdiction under the law company is organized)	w of which foreign limited liability  3. (FEI number, if applicable)	
4. 12/29/2016		_
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5.	The second in the second of the second secon	
15601 Dallas Pkwy, 3	Ste 500, Dallas, TX 75001 (Street Address of Principal Office)	_ 5
,	· · · · · · · · · · · · · · · · · · ·	DEC 22
15601 Dallas Pkwy, S	Ste 500, Dallas, TX 75001 (Mailing Address)	= ( <del>*</del> 1*
	(Mailing Address)	
7. Name and street addre	ess of Plorida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company	<b>31 23</b>
Office Address:	1201 Hays Street  Mallahassee , Florida 32301 (City) (Zip code)	<b>;</b> }
	Malahassee Florida 32301	<b></b>
Registered agent's acce		
	praince. registered agent and to accept service of process for the above stated limited liabi	lity company at the place
	cation, I hereby accept the appointment as registered agent and agree to act in thi sions of all statutes relative to the proper and complete performance of my duties	
		lissa Zender
•	11/1 - 2	
	(Registered agent's signature)	Vice President
8 The name title or car	pacity and address of the person(s) who has/have authority to manage is/are:	
	sident, CEO & Manager, Edward Bucknam - Secretary & Manager,	
		144 MARIA PARA MARIA MARIA MARIA MARIA
Mano Manadeva - Chief	f Financial Officer & Manager/15601 Dallas Pkwy #500, Addison, TX 75001)	<u></u>
(Rachel A. Scifert-Mana	ager, Tim L. Hingtgen-Vice President & Manager/4000 Meridian Blvd, Franklin, T	N 37067)
Q. Attached is a certificat	te of existence, no more than 90 days old, duly authenticated by the official having	custody of records in the
	w of which it is organized. (If the certificate is in a foreign language, a translation of	
	Mario Malle - CAD	
	Mario Mau - Ci-O Signature of an authorized person	-
	ed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any to the Department of State constitutes a third degree felony as provided for in s.817	
	Mano Mahadeva	-
	Typed or printed name of signee	~

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROCKLEDGE FLORIDA MAMMOGRAPHY JV, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF DECEMBER, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROCKLEDGE FLORIDA MAMMOGRAPHY JV, LLC" WAS FORMED ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203570200

Date: 12-22-16

6251424 8300 SR# 20167228365