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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

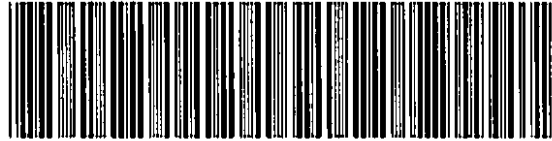
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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March 14, 2019

Division of Corporations
Registration Section, Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Florida Division of Corporations:

Please find enclosed an application by foreign limited liability company for authorization to transact business in Florida for Molecular Imaging Chicago, LLC. Also enclosed is a certified copy of an Illinois certificate of existence/good standing. Check #288 for \$130 is included as well.

Please contact us with any questions on this matter and please return a copy of the approved paperwork to our office at 2135 City Gate Lane, #300, Naperville, IL 60563. We appreciate your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Amy M. Toepper", written in a cursive style.

Amy M. Toepper
Founder and Owner

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Molecular Imaging Chicago, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rajeev Batra

Name of Person

Molecular Imaging Chicago, LLC

Firm/Company

3 Grant Square, #322

Address

Hinsdale, IL 60521

City/State and Zip Code

raj@phsol.com

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

For further information concerning this matter, please call:

Amy Toepper

Name of Contact Person

at (630)

Area Code

445-2299

Daytime 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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Molecular Imaging Chicago, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Molecular Imaging Chicago, LLC

(Street Address of Principal Office)

3 Grant Square, #322

Hinsdale, IL 60521

6. _____

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: _____

Registered Agents Inc.

Office Address: _____

7901 4th St N STE 300

St. Petersburg

(City)

, Florida 33702

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bat

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Officer

Rajeev Batra

Officer

3 Grant Square, #322
Hinsdale, IL 60521

Officer

Officer

(Use attachments if necessary)

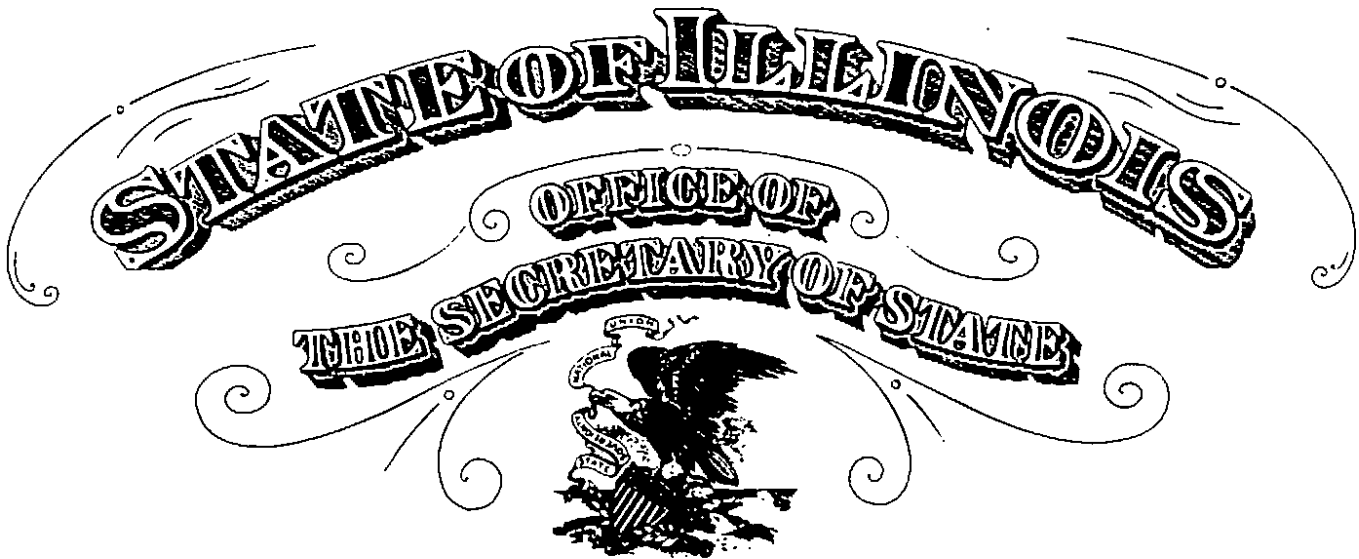
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Rajeev Batra

Typed or printed name of signer



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MOLECULAR IMAGING CHICAGO, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 27, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 20TH
day of FEBRUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE