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Registration Section TO: **Division of Corporations**

h	[°] SkyMed	Imaging	LLC
SUBJECT.			

Name of Limited Liability Company

٠,

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.

P

Please return all correspondence concerning this matter to the following:	
Laila Lara	
Name of Person	
SkyMed Imaging LLC	
Firm/Company	
2248 Meridian Blvd Suite H	20 Jul 27
Address	<u> </u>
Minden, Nevada 89423	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
City/State and Zip Code	· C
clientsupport@corporatedirect.com	
E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
Laila Lara775284-7	⁷ 171
	e Telephone Number
MAILING ADDRESS:STREET ALDivision of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildTallahassec, FL 323142661 Execution Section	Corporations Section ing ve Center Circle
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy	S160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION 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:

SkyMed Imagir	ng LLC Limited Elability Company; must include "Li	mited Liability Compa	iny," "L.L.C.," or "LLC.")	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business i	n Florida. The alternate na	ime must include "Limited Liability Cor	npany," "L.L.C," or "LLC.")
Wyoming		2	•	202
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	_ 3	(FEI number of app	plicable) 1
July 08, 20	020			
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.) etermine penalty liability)	,	= -
172 Cente	r Street	PC	Box 2869	2: (
(Street Address of		6	(Mailing Address)	
Suite 202				<u>.</u>
Jackson, V	VY 83001	Jac	ckson, WY 8	3001
7. Name and street addres	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> accepta	ble)	
Name:	Registered Age	nts Inc.		
Office Address:	7901 4th St N S	TE 300		
	St. Petersburg		. Florida 33702	
	(City)		(Zip code)	
designated in this applica to comply with the provis	otance: egistered agent and to accept service stion, I hereby accept the appointmen- tions of all statutes relative to the pro s of my position as registered agent.	nt as registered ag per and complete	ent and agree to act in this	s capacity. I further agi
	Bel Home	-		

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Daniel Kilroy Name: _____ Manager Manager Manager Address: PO Box 2869 Address: _______ Member Member Jackson, WY 83001 Authorized Authorized Person Person Other Other____ Other_ Manager Manager Member Address: Member Authorized Authorized Person Person Other_____ Other____ Other_ Other_ Name: ______ Manager Name: _____ Manager Address: Member Member Address: Authorized Authorized Person Person Other____ Other____ Other _ __ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 Daniel Kilroy

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

SkyMed Imaging LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 8**, **2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000928193**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of July, 2020 at 10:50 AM. This certificate is assigned ID Number 037736832.

Secretary of State