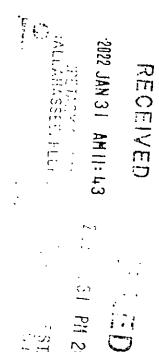
M2200001565

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



400379107224



S. HAWKES

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | |
|--|--|--|--|--|
| REFERENCE : 366689 7581639 | | | | |
| AUTHORIZATION: Spelle Renar | | | | |
| COST LIMIT : \$ 125.00 | | | | |
| ORDER DATE : January 7, 2022 | | | | |
| ORDER TIME : 9:13 AM | | | | |
| ORDER NO. : 366689-010 | | | | |
| CUSTOMER NO: 7581639 | | | | |
| | | | | |
| FOREIGN FILINGS | | | | |
| | | | | |
| NAME: FCHN-SILIS FREESTANDING MAMMOGRAPHY SERVICES, LLC | | | | |
| MANIMOGRAFIII SERVICES, ELC | | | | |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | |
| | | | | |

EXAMINER: _____

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

| | Division of Corporations | | |
|---------------------------------------|---|--|--|
| SUBJI | FCHN-Solis Freestanding Mammogra | aphy Services, LLC | |
| | Na | me of Limited Liability Company | |
| | | y Company for Authorization to Transact Business in Florida," Certificate of re referenced foreign limited liability company to transact business in Florida. | |
| Please | return all correspondence concerning this matter | r to the following: | |
| | Shelly Carter, CP | | |
| | | Name of Person | |
| | Solis Mammography | | |
| | Firm/Company | | |
| | 15601 Dallas Pkwy, Ste 300 | | |
| | Address | | |
| | Addison, Texas 75001 | | |
| | | City/State and Zip Code | |
| | shelly.larue@solismammo.com | | |
| | E-mail address: (to | be used for future annual report notification) | |
| For fur | ther information concerning this matter, please of | call: | |
| | Shelly Carter | 469 398-4072 at () | |
| | Name of Contact Person | Area Code Daytime Telephone Number | |
| Mailing Address: Registration Section | | Street Address: Registration Section | |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fee | EPARTMENT OF STATE | |

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]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Grant Davies, President and Cl □Manager □Manager Name: 15601 Dallas Pkwy, Ste 300 ☐ Member Address: □Member Address: ______ Addison, TX 75001 ☐ Authorized Authorized Person Person □Other____ □Other_____ □Other_____ □Other_____ □Manager □Manager Name: _____ Name: □ Member ☐ Member Address: Address: ☐ Authorized ☐ Authorized Person Person Other____ Other____ Other___ Other_____ □Manager Name: □Manager Name: Address: _____ □ Member Address: □Member ☐ 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. Grant Varies B640EC61FCFF467... Signature of an authorized person

Typed or printed name of signee

Grant Davies, President and CEO



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

DELAWARE, DO HEREBY CERTIFY "FCHN-SILIS FREESTANDING MAMMOGRAPHY

SERVICES, 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-EIGHTH DAY OF

JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FCHN-SILIS

FREESTANDING MAMMOGRAPHY SERVICES, LLC" WAS FORMED ON THE SEVENTH

DAY OF JANUARY, A.D. 2022.

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

Authentication: 202522758

Date: 01-28-22

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|----------|--|--|
| SUBJE | FCHN-Solis Freestanding Mammogr | raphy Services, LLC |
| | | ame of Limited Liability Company |
| | | ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida. |
| Please r | eturn all correspondence concerning this matte | er to the following: |
| | Shelly Carter, CP | |
| | · · · · · · · · · · · · · · · · · · · | Name of Person |
| | Solis Mammography | |
| | | Firm/Company |
| | 15601 Dallas Pkwy, Ste 300 | |
| | · · · · · · · · · · · · · · · · · · · | Address |
| | Addison, Texas 75001 | |
| | | City/State and Zip Code |
| | shelly.larue@solismammo.com | |
| | E-mail address: (to | be used for future annual report notification) |
| For furt | her information concerning this matter, please | call: |
| | Shelly Carter | 469 398-4072 at (|
| | Name of Contact Person | Area Code Daytime Telephone Number |
| | Mailing Address: Registration Section | Street Address: Registration Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat | EPARTMENT OF STATE |