

m22000004135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

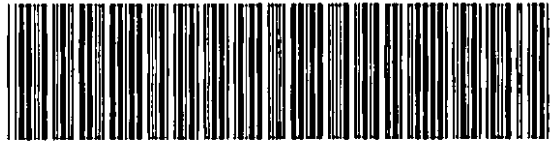
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOUNTAIN STATES IMAGING, 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:

ANNIE CHEN

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1550 VALLEY VISTA DR.

\_\_\_\_\_  
Address

DIAMOND BAR , CA 91765

\_\_\_\_\_  
City/State and Zip Code

annie.chen@vhacorp.com

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

For further information concerning this matter, please call:

ANNIE CHEN

626

638-1444

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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

IN COMPLIANCE WITH SECTION 05.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MOUNTAIN STATES IMAGING, LLC

(Name of Foreign Limited Liability Company, must include Limited Liability Company, L.L.C., or L.L.C. OR

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 L.L.C.)

2. COLORADO

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

3. 84-1563704

(FEI number, if applicable)

UPON FILING

4.

(Date first transacted business in Florida, if prior to registration)  
(See sections 05.004 & 05.005, F.S. to determine penalty liability)

5. 1550 VALLEY VISTA DR.

(Street Address of Principal Office)

6. 1550 VALLEY VISTA DR.

(Mailing Address)

DIAMOND BAR, CA 91765

DIAMOND BAR, CA 91765

7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable)

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 HAYS STREET

TALLAHASSEE

(City)

Florida

32301

(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.

*Tyler Gates*

(Registered agent's signature)

Assistant Secretary

2022 FEB 28 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC

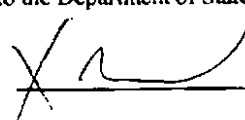
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: VINCENT HUANG	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1550 VALLEY VISTA DR.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	DIAMOND BAR, CA 91765	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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  
VINCENT HUANG  
\_\_\_\_\_  
Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MOUNTAIN STATES IMAGING, LLC

is a

Limited Liability Company

formed or registered on 10/19/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001203432 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/03/2022 that have been posted, and by documents delivered to this office electronically through 01/04/2022 @ 21:19:30 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/04/2022 @ 21:19:30 in accordance with applicable law. This certificate is assigned Confirmation Number 13695782 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Mail to: Secretary of State  
Corporations Section  
1560 Broadway, Suite 200  
Denver, CO 80202  
(303) 894-2251  
Fax (303) 894-2242

For office use only 031

20001203432 C  
\$ 105.00  
SECRETARY OF STATE  
10-19-2000 12:10:14

**MUST BE TYPED**  
**FILING FEE: \$50.00**  
**MUST SUBMIT TWO COPIES**

**Please include a typed  
self-addressed envelope**

### ARTICLES OF ORGANIZATION

I the undersigned natural person of the age of eighteen years or more, acting as organizer of a limited liability company under the Colorado Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company.

FIRST: The name of the limited liability company is: MOUNTAIN IMAGING, LLC

SECOND: Principal place of business (if known): 401 SOUTH OGDEN, DENVER, CO 80209

THIRD: The street address of the initial registered office of the limited liability company is: \_\_\_\_\_

370 17<sup>TH</sup> STREET, SUITE 5350, DENVER, CO 80202

The mailing address (if different from above ) of the initial registered office of the limited liability company is \_\_\_\_\_

The name of its proposed registered agent in Colorado at that address is: ROBERT G. HUESTON

FOURTH: ☒ The management is vested in managers (check if appropriate)

FIFTH: The names and business addresses of the initial manager or managers or if the management is vested in the members, rather than managers, the names and addresses of the member or members are:

NAME

ADDRESS (include zip codes)

CHRISTOPHER CANDELA

401 SOUTH OGDEN, DENVER, CO 80209

LISA BENEFIEL

401 SOUTH OGDEN, DENVER, CO 80209

SIXTH: The name and address of each organizer is:

NAME

ADDRESS (include zip code)

ROBERT G. HUESTON

370 17<sup>TH</sup> STREET, SUITE 5350, DENVER, CO 80202

Signed 

Robert G. Hueston, Organizer

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COMPUTER UPDATE COMPLETE



Colorado Secretary of State  
Date and Time: 10/13/2021 10:23 AM  
ID Number: 20001203432  
Document number: 20211941180  
Amount Paid: \$10.00

Document must be filed electronically.  
Paper documents are not accepted.  
Fees & forms are subject to change.  
For more information or to print copies  
of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Change**  
**Changing the Registered Agent Information**

filed pursuant to § 7-90-305.5 and § 7-90-702 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number 20001203432  
*(Colorado Secretary of State ID number)*  
Entity name or True name MOUNTAIN STATES IMAGING, LLC

2. (If applicable, adopt the following statement by marking the box and enter all changes.)

☒ The registered agent name has changed.

Such name, as changed, is

Name  
(if an individual) \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*  
or  
(if an entity) Corporation Service Company  
*(Caution: Do not provide both an individual and an entity name.)*

*(The following statement is adopted by marking the box.)*

☒ The person appointed as registered agent has consented to being so appointed.

3. (If applicable, adopt the following statement by marking the box and enter all changes.)

☒ The registered agent address of the registered agent has changed.

Such address, as changed, is

Street address 1900 W. Littleton Boulevard  
*(Street number and name)*

Littleton CO 80120  
*(City) (State) (ZIP Code)*

Mailing address  
(leave blank if same as street address)

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*  
\_\_\_\_\_  
*(City) (State) (ZIP Code)*

4. (If applicable, adopt the following statement by marking the box.)

☒ The person appointed as registered agent has delivered notice of the change to the entity.

5. (If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_.  
(mm/dd/yyyy hour:minute am/pm)

**Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing this document to be delivered for filing are

Chen	Annie		
(Last)	(First)	(Middle)	(Suffix)
1550 Valley Vista Dr			
(Street number and name or Post Office Box information)			
_____			
Diamond Bar	CA	91765	
(City)	(State)	(ZIP/Postal Code)	
United States			
(Country)			

(If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).