200000984

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



700389860587

2022 JUT 23 PH 4: 47

RECEIVED

S. FRANKLIN JUN 2 4 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 765426 8115272 AUTHORIZATION : \$ 125.00 COST LIMIT : ORDER DATE: June 22, 2022 ORDER TIME : 1:07 PM ORDER NO. : 765426-005 CUSTOMER NO: 8115272 FOREIGN FILINGS NAME: IRAY IMAGING LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:

| iRay Imaging LLC SUBJECT: | | |
|---|--|--------------|
| | ne of Limited Liability Company | |
| | Company for Authorization to Transact Business in Florida, e referenced foreign limited liability company to transact business. | |
| Please return all correspondence concerning this matter | to the following: | |
| Xiao Feng | | |
| | Name of Person | |
| iRay Imaging LLC | | |
| | Firm/Company | |
| 129 Morgan Dr., Suite 102 | | |
| | Address | |
| Norwood, MA 02062 | | 2 |
| | City/State and Zip Code | د 21 |
| s.feng@iraygroup.com | | 2022 3.11.23 |
| E-mail address: (to b | pe used for future annual report notification) | . ω |
| For further information concerning this matter, please ea | all: | 100 |
| Xiao Feng | 781 363-4511 | Pi1 4: 4.7 |
| 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 Tallahassee, FL 32314 | 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 DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate | ce & \$\Boxed{\Boxes} \$\$ \$155.00 \text{ Filing Fee} & \$\Boxed{\Boxes} \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ | |

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: iRay Imaging 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 "L.L.C." 88-2511271 Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 129 Morgan Dr., Suite 102 129 Morgan Dr., Suite 102 (Mailing Address) (Street Address of Principal Office) Norwood, MA 02062 Norwood, MA 02062 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 , Florida (City) (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

with assistant va prosident

(Registered agent's signature)

and accept the obligations of my position as registered agent.

Corporation Service Company

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|---|---|--|---|
| □Manager | Name: Xiao Feng | □Manager | Name: Tieer Gu |
| □Member | Address: 129 Morgan Dr., Suite 102 | | Address: Building 45, No.1000 Jinhai Road |
| ■Authorized | Norwood, MA 02062 | ■Authorized | Pudong New Area, Shanghai |
| Person | | Person | China 201206 |
| □Other | Other | Other | Other |
| □Manager | Name: Min Qiu | □Manager | Name: |
| □Member | Address: Building 45, No.1000 Jinhai Road | □Member | Address: |
| ■Authorized | Pudong New Area, Shanghai | □Authorized | |
| Person | China 201206 | Person | 2 |
| Other | Other | Other | □Other |
| ☐ Manager ☐ Member | Name: | □Manager □Member | Name: P |
| □Authorized | | □Authorized | - |
| Person | | Person | |
| □Other | Other | □Other | Other |
| 9. Attached is a cert jurisdiction under th of the translator mus | se an attachment to report more than six (6). I may be added to the index when filing your F ificate of existence, no more than 90 days old, e law of which it is organized. (If the certificate be submitted) s executed in accordance with section 605.020 ment to the Department of State constitutes a the | lorida Department of State duly authenticated by the te is in a foreign language. O3 (1) (b), Florida Statutes. | Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information. |
| | /s/ Xiao Feng | of an authorized person | |
| | Xiao Feng | A. B. BRINGISCA PERSON | |
| | | printed name of signee | |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "IRAY IMAGING 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-THIRD DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRAY IMAGING LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2016.

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

2022 JUN 23 PH 4: 41



Authentication: 203749639

Date: 06-23-22

6191311 8300 SR# 20222806547