

State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Certificate Request Form

Request Information

	ID	ENTITY NAME	CERTIFICATE TYPE
Γ	001674417	miRx, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Consuelo A. Florence

Business Name: $\underline{Imagine 360 \ Administrators, LLC}$ No. and Street: $\underline{12770 \ Merit \ Drive, \ Suite \ 200}$

City or Town: <u>Dallas</u> State: <u>TX</u> Zip: <u>75251</u> Country: <u>USA</u>

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