

L0500000113602

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(Address)

(City/State/Zip/Phone #)

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EFFECTIVE DATE

1-20-05

01/27/05--01024--016 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 26 PM 3:45

FILED

2:30 PM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIANCE TECHNOLOGIES LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUCHI GARG
(Name of Person)

EFFECTIVE DATE
1-20-06

RADIANCE TECHNOLOGIES LLC
(Firm/Company)

7857 CHASE MEADOWS Dr. W
(Address)

JACKSONVILLE, FL - 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

ASHISH KUMAR at (904) 504 1751
(Name of Person) (Area Code & Daytime Telephone Number)

SECRET - CIVIL
TALLAHASSEE, FLORIDA

05 JAN 26 PM 3:45

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Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RADIANCE TECHNOLOGIES LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7857 CHASE MEADOWS Dr. W
JACKSONVILLE
FL - 32256

7857 CHASE MEADOWS Dr. W
JACKSONVILLE
FL - 32256

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RUCHI GARG
Name
7857 CHASE MEADOWS Dr.
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE, FL - 32256
City, State, and Zip

EFFECTIVE DATE

1/20/05

SECRETARY
TALLAHASSEE, FLORIDA

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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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Ruchi Garg.

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

RUCHI GARG
7857 CHASE MEADOWS Dr. W
JACKSONVILLE, FL - 32256

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Ruchi Garg
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RUCHI GARG
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JAN 26 PM 3:45

FILED

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

: ARTICAL V

EFFECTIVE DATE - 01/20/2005

FILED
05 JAN 26 PM 3:45
SECLER, JAMES
TALLAHASSEE, FLORIDA