_0000067458

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

Office Use Only



900076406849

07/05/06--01034--024 **125.00

Ob 29 06

SECRETARY OF STATEMS
DIVISION OF CORPORATIONS
06 JUL -5 PH 4: 35

COVER LETTER

TO: Registration S Division of C			
SUBJECT: <u>R</u>	DALCO L (Name of Limite	LC ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
	pondence concerning this matte	-	
Rolan	do Alcover	(Firm/Company) (Address) (Address)	
0 1		realite of Fersony	
<u> Thoda</u>	Ico LLC	(r: /0	
	((Firm/Company)	
4401	w HEDICA A	ve	9F 0
-		(Address)	5 P
Tampa	FL 3361	4	PH 4: 35
	(City	/State and Zip Code)	06 JUL -5 PH 4: 35
	concerning this matter, please		
Rolando &	e of Person)	at (<u>\$13</u>) <u>325</u> — (Area Code & Daytime T	elephone Number)
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporatio Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIAB	ILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company	' is:	1 225
		P P P P P P P P P P P P P P P P P P P
RADALGO LLC		
(Must end with the words "Limited Liability Company, "Li	imited Company" or their abbreviation "LI	LC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
4401 w Henry Ave	TAMPA FL 326	1 AJE
1401 w Henry Ave Tampa FL 33614	Tampa FL 326	<u> </u>
ARTICLE III - Registered Agent, Registe		
(The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	egistered Agent. You must designate an in-	dividual or another
The name and the Florida street address of the	he registered agent are:	EFFECTIVE DATE
•		06/29/06
<u> Irolando Mico</u> Na	OVET ame	
144	anc .	
4401 à Men	ry Are	
Florida street	t address (P.O. Box NOT acceptable) FL 33/14 ate, and Zip	
City Sta	FL 33814	
Having been named as registered agent and liability company at the place designated		
registered agent and agree to act in this capa		
statutes relating to the proper and complete	e performance of my duties, and I	am familiar with and
accept the obligations of my position as re	egistered agent as provided for in	a Chapter 608, F.S
11/1/	1	
	(PROLUNES)	
Registered Agent's Sig	gnature (REQUIRED)	

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

ho lando Alcocer
Typed or printed name of signee

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)