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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TAILLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations | |
|---|-------|
| SUBJECT: RADAR MULTISERVICES, 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: | |
| LUCIELEIA DE ALMEIDA | |
| RADAR MUUTISERVICES, L.L.C. | |
| (Firm/Company) | |
| 651 CYPRESS LAKES BOWLEVARD, # 19 | |
| (Address) | |
| POMPANO BEACH, FL. 33064 . Su & | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: Kelly A. Rodieves at (561) 860 6868 Name of Person (Area Code & Daytime Telephone Number) Compared to the content of the content | FILLU |
| Kelly A. Rodrieves at (561) 860 6868 No. (Area Code & Daytime Telephone Number) | |
| (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & \$\times \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \$\$ Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AKTICLE | Ι | msr | e: | |
|---------|---|-----|----|--|
| | | | • | |

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

#19 - POMPANO BEACH - FL 33064 → Same as Principal officeral o

adduss:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NELLY ALEXANDER DE DEMESSA RODRIGUES

651 CYP2555 (AKES BLVD #19

Florida street address (P.O. Box NOT acceptable)

Powfano Beach FL FL 33064

City, State, and Zip

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.

Régistered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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| LUCILOIA B. ALMOIDA 651 CYPROSS LAKES BLUD #19 - POMPANO BOACH - FL 33064 |
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ARTICLE IV- Manager(s) or Managing Member(s):

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

ARTICLE V: Effective date, if other than the date of filing: _

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

(If an effective date is listed, the date must be specific and cannot be more than five business;

(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.)

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)