# 110000028937

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T. CLINE
MAR 1 6 2010
EXAMINER

# то

# **COVER LETTER**

## Registration Section Division of Corporations

SUBJECT:	K A	DLOG, CCC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	AMAN	da CATONI Name of Person	
	RADI	10G, LLC.	
		Firm/Company	
	1177 CArd	linal creek f	Place
		Address	a mai
	WINTER S	Address  Prings FL 3: ty/State and Zip Code	2010 MAR 15 SECRETARN TALLAHASS
	Cì	ty/State and Zip Code	AR 1:
	E-mail address; (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	e call:	E.O.
AMANO	da Catoni	_at(_321_)_356-	OF STATE EE, FLORIDA
Name	e of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	for 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	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Lia	ability Company is:			
	RADLOG	i,LLC		
(Must end with	the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the pri	ncipal office of the Limited L	Liability Company is	s:
Principal Office Address:		Mailing Address:		
1177 CARDINA OVIEDO, FL 3	1L Creek PL. 2765	1177 CARDIA OVIEDO, FO	<u>AL</u> CNEEK _ 32765	PL
	not serve as its own Registe	Office, & Registered Agent ared Agent. You must designate an indi		7
The name and the Florida str	reet address of the re	gistered agent are:	FAR ASS	-
	AMANDA	CATONI		1
	Name		FLO	,
//7	7 CARDINAL	creek Place	PM 1: 45 OF STATE EF, FLORIDA	
	Florida street addr	ress (P.O. Box NOT acceptable)	> 0.	

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..

OVIEDO FL 32765
City, State, and Zip

Registered Agent's Signature (REOUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	AMANDA CATONI 1177 CARDINAL Creek Place OVIEDO, FL 32765
<del></del>	
(Use attachment if necessary)	2010 MAR 15 SECRETARY TALL AHASS
TCLE V: Effective date, if other than the	—————————————————————————————————————

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

**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.)

Amanda Cartoni
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)