L13000136332

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

Office Use Only



400251821694

Effective Date 9-30-13

09/25/13--01013--014 **130.00



L SAULSBERRY

SEP 26 2013

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: R	Name of Limite	d Liability Company	W SET
The enclosed Articles o	f Organization and fec(s) are s	submitted for filing.	24
Please return all corresp	ondence concerning this matte	er to the following:	7.00
	Joseph J	Name of Person	3 9: 07 3 (184)
		Firm/Company	
	7166 ANN	CATHERNE	y Cover
	Cocor	Address 3297	7
	De. THON	y/State and Zip Code PASS & Exetor or future annual report notification)	resubs. Com
For further information	concerning this matter, please		
Joseph Name	THOMPS of Person	at (<u>32\</u>) \\32\ Area Code & Daytime Telep	263C
Enclosed is a check for	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 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
RADISEIRE	Plimited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Principal Office Address	Mailing Address

ARTICLE I - Name:

Principal Office Address:	Mailing Address:			
TILL AND CATHERINE (). COCOM FL. 32927	7166 ANN CATE COCOD PL. 32927	<u> </u>	<i>ره</i> ،	معآ
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)			2013	
The name and the Florida street address of the re	egistered agent are:	; <u>à</u> 7 3 .	SEP	• • • • • • • • • • • • • • • • • • • •
Joseph II	tomes	m,	24	· .
Name	_	<u>, ₹</u> €.		
a) come 2017	HAERING COORS		نټ	
Florida street add	ress (P.O. Box NOT acceptable)		0	

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..

agistered (gent's Signature (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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	THOMAS THOMAS THOMAS COCOR FL. 32927
	2;
	2018 SEP 24
	## 9: 07

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: So 2013. (OPTIONAL) (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)