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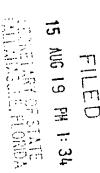
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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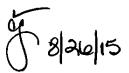
Office Use Only



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## COVER LETTER

TO:	Registration Section Division of Corporations		
cub iez	Radiance Advisors, Limited Liabilit	y Company	`
SUBJEC		imited Liability Company	6
The encl	osed Articles of Organization and fee(s) a	are submitted for filing.	
Please re	eturn all correspondence concerning this n	natter to the following:	
	Anthony E. Ross		
		Name of Person	
	Radiance Advisors		
		Firm/Company	
	16004 5th Street East		
		Address	<del></del>
	Redington Beach, FL 33708		
		City/State and Zip Code	
	anthonyross15@outlook.com	16 6 4	
	E-mail address: (to be use	d for future annual report notification	1)
For further	r information concerning this matter, pleas	se call:	
	Anthony Ross at (	220-9436	
		Area Code Daytime Telephone I	Number
Enclosed	is a check for the following amount:		
	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 enclose
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address New Filing Section Division of Corporation Clifton Building	s
	Tallahassee, FL 32314	2661 Executive Center 6	Circle

Tallahassee, FL 32301

## EFFECTIVE DATE 08 11 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLESOF ORGANIZATION FOR FLORI	DATAMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		FILED 15 AUG 19 PH 1: 34
Radiance Advisors, LLC.		CEGRETARY OF STATE ALLAMATICE, PLORIDA
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")	TALLAHA SEE FLORINA
ARTICLE II - Address: The mailing address and street address of the principal office of	the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
16004 5th Street East	16004 5th Street East	
Redington Beach, FL 33708	Redington Beach, FL 33708	
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)		al or
The name and the Florida street address of the registered agent a	are:	
Anthony E. Ross Name		
16004 5th Street East		

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 605, F.S..

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

FL

State

Redington Beach

City

33708

Zip

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Anthony E. Ross 16004 5th Street East		
MGR			
	Redington Beach, FL 33708		
CLE V: Effective date, if other than the date of filing:  ### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  #### CLE V: Effective date, if other than the date of filing:  ##### CLE V: Effective date, if other than the date of filing:  ###################################			
If the date inserted in this block does not meet t			
If the date inserted in this block does not meet to cument's effective date on the Department of Sta			
If the date inserted in this block does not meet to cument's effective date on the Department of Sta			
If the date inserted in this block does not meet to the ument's effective date on the Department of State VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a membe This document is executed in I am aware that any false info	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b) accordance with section 605.0203 (1) (b), Florida Statutes.		
If the date inserted in this block does not meet to cument's effective date on the Department of State CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a membe This document is executed in I am aware that any false info constitutes a third degree felo	ate's records.  To an authorized representative of a member.  accordance with section 605.0203 (1) (b), Florida Statutes.		
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