L1700231174

(Req	uestor's Name)	
(Ädd	ress)	
(Add	ress)	
(City	/State/Zip/Phone #	<i>‡</i>)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Name	e)
(Doc	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	iling Officer:	

Office Use Only

M. MOON NOV 0 9 2017



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17 NOV -8 PH 12: 17

ALLE SERVICIONION

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.: 120000000195

REFERENCE: 902576 8020289

AUTHORIZATION:

COST LIMIT: \$ 125.00

ORDER DATE: November 8, 2017

ORDER TIME: 11:34 AM

ORDER NO.: 902576-005

CUSTOMER NO: 8020289

DOMESTIC FILING

NAME: RADIKAL DNA LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

17 MOV -8 PH 12: 17

COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	RADIKAL DNA LLC			
0020110		of Limited Liabil	ity Company	
The enclo	osed Articles of Organization and fee	(s) are submitted	for filing.	
Please ret	turn all correspondence concerning th	nis matter to the f	ollowing:	
	MARTA GARCIA			
		Name of	Person	
	RC LAW LLP			
		Firm/Co	mpany	
	175 SW 7TH ST. SUITE 1711			
		Addr	ess	
	MIAMI, FL 33130			
		City/State and	d Zip Code	
	marta.garcia@rclawllp.net		···	
	E-mail address: (to be	used for future as	nnual report notificat	tion)
For further	information concerning this matter, p	olease call:		
	Marta Garcia	786 nt (725-5767	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed i	is a check for the following amount:			
]\$ 125.00 F	Siling Fee \$130.00 Filing Fee Certificate of Status	s — Certific	0 Filing Fee & and Copy (d copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

.

.

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

RADIKAL DNA			
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	ect address of the principal o	ffice of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
1000 Brickell A	venue, Suite 530		
Miami, FL 3313			
<u> </u>	<u> </u>		
ARTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, pany cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individu
ARTICLE III - Registered	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. n.) agent are:	nt's Signature: You must designate an individu
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registratio	Registered Agent. n.) agent are: Company	nt's Signature: You must designate an individu
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent. n.) agent are:	nt's Signature: You must designate an individu
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ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service (Registered Agent. n.) agent are: Company Name	You must designate an individu
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Corporation Service (1201 Hays Street	Registered Agent. n.) agent are: Company Name	You must designate an individu

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.

Judith Reyes

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title:	Name and Address:
"AMBR" = Authorized Member	
*MGR" = Manager MGR	Devil II
WUK	Paulo Hemandez Corredoire
	4250 Biscayne Blvd. Apt. 1616
	Miami, FL 33137
•	
Use attachment (Conserve)	
V: Effective date, if other than the	date of filing: (OPTIONAL)
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departree.	not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departree.	not meet the applicable statutory filing requirements, this date will not ment of State's records.
V: Effective date, if other than the ctive date is listed, the date must be filing.) he date inserted in this block does ent's effective date on the Departr VI: Other provisions, if any.	not meet the applicable statutory filing requirements, this date will not ment of State's records.
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ctive date is listed, the date must be filling.) the date inserted in this block does nent's effective date on the Departre. EVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
CV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does tent's effective date on the Departre. CVI: Other provisions, if any. EFOURED SIGNATURE: Signature of This document is experience.	not meet the applicable statutory filing requirements, this date will not ment of State's records. member or we authorized representative of a member. secured in accordance with section 605,0203 (1) (b). Florida Statutes
CV: Effective date, if other than the ctive date is listed, the date must be filing.) the date inserted in this block does tent's effective date on the Departre. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of This document is end am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. member or no authorized representative of a member. Recorded in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State.
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CV: Effective date, if other than the ctive date is listed, the date must be filling.) the date inserted in this block does tent's effective date on the Departre. CVI: Other provisions, if any. EFOURED SIGNATURE: Signature of This document is end am aware that any	not meet the applicable statutory filing requirements, this date will not ment of State's records. member or no authorized representative of a member. Recorded in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

5 5.00 Certificate of Status (Optional)

TIMON 8 PM P. 100 M. T.