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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : NRAI SERVICES, LLC
Account Number : I20080000104
Phone : (302) 674-4089
Fax Number : (302) 674-5266

TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO. W.RADIANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	210.00

\$155.00

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September 17, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NRAI SERVICES, LLC

SUBJECT: W. RADIANCE, LLC
REF: W19000084120

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Marti Simmons
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000276588
Letter Number: 019A00019204

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

W. RADIANCE, LLC

(Must contain 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:340 West Flagler Street, Unit 2007
Miami, FL 33130Mailing Address:340 West Flagler Street, Unit 2007
Miami, FL 33130

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:

Victor Monroy

Name

340 West Flagler Street, Unit 2007Florida street address (P.O. Box **NOT** acceptable)Miami,Florida33130

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

William Jimenez

340 West Flagler Street, Unit 2007

Miami, Florida 33130

T

Victor Monroy

340 West Flagler Street, Unit 2007

Miami, FL 33130

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/12/2019. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Victor Monroy

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)

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