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| | Division of Con | porations | |
| | Fax Number | : (850)617-6381 | |
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| From: | | | <u> </u> |
| | Account Name | : NRAI SERVICES, LLC | <u>ن</u> ب، سر |
| | Account Number | : 120080000104 | : D |
| | Phone | : (302)674-4089 | |
| | Fax Number | : (302)674-5266 | |
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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

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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.

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Marti Simmons Regulatory Specialist II New Filing Section

FAX Aud. #: H19000276588 Letter Number: 019A00019204

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | LEC | | |
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| (Mus | contain the words "Limited Liab | ility Company, "I | L.L.C.," or "LLC.") |
| E II - Address: ng address and st | oct address of the principal office | of the Limited L | iability Company is: |
| <u>Pr</u> | ncipal Office Address: | | Malling Address: |
| | | 340 0 | est Flagler Street, Unit 2007 |
| 340 West Flag | er Street, Unit 2007 | | |
| Miami, FL 331. E III - Registere ited Liability Containess entity with | | Miam Legistered Agent ristered Agent. Ye | i, FL 33130 's Signature: ou must designate an individus |
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

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| AMBR" = Authorized Member MGR | AMBR" = Authorized Mamber MGR | Title: | Name and Address: |
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| William Jimenez 340 West Flagler Street, Unit 2007 Miami, Florida33130 Victor Monroy 340 West Flagler Street, Unit 2007 Miami, FL 33130 Use struchment if necessary) V: Effective date, if other than the date of filing 9/12/2019 (OPTIONAL) thre date is listed, the date must be specific and cannot be more than five business days prior to or 98 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not bent's effective date on the Department of State's records. VI: Other provisions, if any. EQUITED SIGNATURE: Signature of a member or an authortzed 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 Momony Typed or printed mane of signee | William Jimenez 340 West Flagler Street, Unit 2007 Miami, Florida33130 Victor Monroy 340 West Flagler Street, Unit 2007 Miami, FL 33130 Use struchment if necessary) V: Effective date, if other than the date of filing: 9/12/2019 (OPTIONAL) thre date is listed, the date must be specific and cannot be more than five business days prior to or 9° d (filing.) he date inserted in this block does not meet the applicable stantory filing requirements, this date will not bent's affective date on the Department of State's records. VI: Other provisions, if any. EQUITED 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 Stanutes. 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 Momoy Typed or printed name of signee | | |
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