

Florida Department of State

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

From: Account Name : R&P ACCOUNTING AND TAXES INC
Account Number : I20170000090
Phone : (305)358-1310
Fax Number : (305)503-6701

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

Email Address: arodriguez3@gmail.com

**FLORIDA LIMITED LIABILITY CO.
RADIANT PHARMA LLC**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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JAN 19 2022

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The name of the Limited Liability Company and Effective day is:

Effective day January 17, 2022

RADIANT PHARMA LLC

*(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation
"LLC," or "L.C.,")*

ARTICLE II

*The mailing address and street address of the principal office of the Limited Liability
Company is:*

Principal Office Address
101 GORDON STREET
SANFORD, FL 32771

Mailing Address
101 GORDON STREETS
SANFORD, FL 32771

FILED
22 JAN 18 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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22 JAN 18 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FL 32399**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:

R&P ACCOUNTING & TAXES, INCName**150 SE 2ND AVENUE SUITE # 404****Florida Street address (P.O. Box NOT acceptable)****MIAMI, FL 33131****FL 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 605, F.S.

X***Registered Agent's Signature (REQUIRED)***

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SECRETARY OF STATE
TALLAHASSEE, FL 32399**ARTICLE IV****MGR=Manager(s) or AMBR= AUTHORIZED Member(s):****The name and address of each Person authorized to manage and control the Limited Liability Company:****Title:****JOGENDRA LALSINH BHATI**
101 GORDON STREET
SANFORD, FL 32771**AUTHORIZED MEMBER 51%****SHEETAL NAGDA**
101 GORDON STREET
SANFORD, FL 32771**AUTHORIZED MEMBER 21%****DHANRAJSINH BHUPENDRASINH RATHOD**
101 GORDON STREET
SANFORD, FL 32771**AUTHORIZED MEMBER 14%****MINESHKUMAR MANHARLAL SUTHAR**
101 GORDON STREET
SANFORD, FL 32771**AUTHORIZED MEMBER 14%**

ARTICLE V

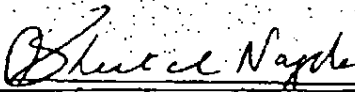
*Effective date, if other than the date of filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than
business days prior to or 90 days after the date of filing.*

SECRETARY OF STATE
TELEPHONE 813-724-2000

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REQUIRED: SIGNATURE

X 

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

*(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

ARTICLE VI

*The Florida Limited Liability Company will engage in any activity or business permitted
under the laws of the State of Florida and the United States of America.*

The main objective of the company is: Manufacturing of food supplements