L72000094567

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Only) Charles Expr Holle #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	1
Special Instructions to	o Filing Officer:
<u></u>	





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2022 HAR - 7 PH 3: 15

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RADICAL 3 PR	OPERTIES LLC	2	
	· · · · ·	, <u></u>	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			Foreign Corp. File 288
			Fictitious Name File
			Fictitious Name File SSE T Trade/Service Mark Trade
			Merger File SS
			Art. of Amend. File 22
			RA Resignation
			Dissolution / Withdrawał
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
			Driving Record
Requested by: SETI	ĺ		UCC) or 3 File
Name	Date	Time	UCC 11 Search
337 31 #	ggyrii war a w	• •	UCC 11 Retrieval
Walk-In	Will Pick l	Jp	Courier

COVER LETTER

	New Filing Se Division of Co				
cuntra		L 3 PROPÈRTIES LLC			
SUBJEC	1:	Name of Li	mited Liability Company	<u> </u>	
The encio	sed Articles o	of Organization and fee(s) a	re submitted for filing.		
Please ret	urn all corresr	ondence concerning this m	natter to the following:		
	•	· · · · · · · · · · · · · · · · · · ·		5.	20
	Joseph R. C	Casacci, Esquire			1 22
			Name of Person		A .
	JOSEPH R.	CASACCI, P.A.		SESSION OF SERVICE SER	2022 MAR - 7
			Firm/Company		3
	111 N. PIN	E ISLAND ROAD, SUITI	E 104	LORID	9: 22
			Address	.,	10
	PLANTATI	ION, FL 33324			
	-	(City/State and Zip Code		
	jcasacci@cas	accilaw.com			
		E-mail address: (to be used	for future annual report notificat	ion)	
For further i	nformation co	oncerning this matter, pleas	e call:		
	Joseph R Cas	sacci 95	54 474-7447 }		
			rea Code Daytime Telephor	nc Number	
Enclosed i	s a check for t	he following amount:			
□\$125.00	Filing Fec	■\$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 enclos	ed)
	New F Divisio P.O. B	ng Address iling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	assee et, Suite 810	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RADICAL 3 PROPE	ERTIES LLC ain the words "Limited I	Linhility Company "I	I C "or"II C"	
(Must com	ant the words. Entitled	Elabinty Company, 10	inc., w bbc.	
ARTICLE II - Address:		100 Oct 11 to 11 to	1111. 60.	
The mailing address and street a	ddress of the principal o	itice of the Limited Li	Bottily Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
1604 SE 10TH STRE	EET	1604 S	E 10TH STREET	
FT. LAUDERDALE	, FL 33316	FT. LA	UDERDALE, FL 33316	
ARTICLE III - Registered Age				2022
	cannot serve as its own active Florida registratio	Registered Agent. You	s Signature:	2022 MAR -7
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registratio	Registered Agent. Youn.) I agent are:		2022 MAR - 7 AM 5
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registratio address of the registered	Registered Agent. Youn.) I agent are: CI, P.A. Name		AH 9:
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered JOSEPH R. CASACO	Registered Agent. Youn.) I agent are: CI, P.A. Name	n must designate an individual or	AH 9:
(The Limited Liability Company another business entity with an a	cannot serve as its own active Florida registration address of the registered JOSEPH R. CASACO	Registered Agent. Youn.) I agent are: CI, P.A. Name D ROAD, SUITE 104	n must designate an individual or	

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 posttion as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Tifle: "AMBR" = Authorized Member "MGR" = Manager MGR LISE-ANNE SERAFINI 1604 SE 10TH STREET FORT LAUDERDALE.FL 33324 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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

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.

LISE-ANNE SERAFINI

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)

the document's effective date on the Department of State's records.