11/14/23, 11:17 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003937173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email	Address:				
EIMGI T T	Muui Caa.		 	 	 _

## FLORIDA LIMITED LIABILITY CO. RADI GROUP LLC

Certificate of Status	0
Certified Copy	i
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
RADI GROUP LEC	
(Must end with the words "Limited	Ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10520 NE 6TH AVENUE	10520 NE 6TH AVENUE
MIAMI SHORES, FL 33:38	MIAMI SHORES, FL 33138
ARTICLE III - Registered Agent, Registered Office, 6 (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration.)  The name and the Florida street eddress of the registered  SYLVIA ZAKZUK.  Name	Registered Agent. You must designate an individual or n.) agent are:
10520 NE 6TH AVENUE Florida street address (P.O. Box	
MIAMI SHORES City	FL_33138
Having been named as registered agent and to accept ser the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	vice of process for the above stated limited liability company at the appointment as registered agent and agree to ad in this of all statistes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605. F.S

(CONTINUED)

Page Lof 2

To:

Title: "AMER" = Authorized Member "MGR" = Manager	Name and Address:
MGR	ADRIANA PINEDO ALVAREZ CORREA 10520 NE 6TH AVENUE MIAMI SHORES, FL. 33138
MGR	RADI ALBERTO DE JESUS VASILEF SOTO 10520 NE 6TH AVENUE MIAMI SHORES, FL 33138
MGR	SYLVIA ZAKZUK 10520 NE 6TH AVENUE MIAMI SHORES, FL 33138
(Use attachment if necessary)  E.V: Effective date, if other than the date of	of filing: (OPTIONAL) rific and cannot be more than five business days prior to or 90 days aft
of filling.)	and the cannot be intere than five business days prior to or yu days an
of filing.) .E. VI: Other provisions, if any.	ther or an authorized representative of a member.  10203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facis stated herein are true.

Typed or printed name of signee