

L91000001085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

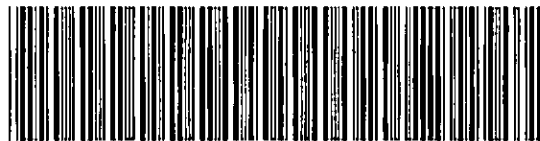
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RADISE International, L.C.

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kumar A. Allady, P.E. c/o Debbie Bestor

\_\_\_\_\_  
Name of Person

RADISE International, L.C.

\_\_\_\_\_  
Firm/Company

4152 W Blue Heron Blvd., Suite 1114

\_\_\_\_\_  
Address

Riviera Beach, FL 33404

\_\_\_\_\_  
City/State and Zip Code

dbestor@smart-infrastructure.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Bestor

561

841-0103

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

**FIRST:** The name of the limited liability company is: RADISE International, L.C.

**SECOND:** The Florida Document Number of the limited liability company is: 65-0785837

**THIRD:** The street address of the limited liability company's principal office is:

4152 W Blue Heron Blvd., Suite 1114

Riviera Beach, FL 33404

The mailing address of the limited liability company's principal office is:

4152 W Blue Heron Blvd., Suite 1114

Riviera Beach, FL 33404

**FOURTH:** This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Achyut Kumar Allady, P.E. aka Kumar A. Allady, P.E.

and Vishalaxmi Allady


b. No authority granted to: Panneer Shanmugam, P.E. or Fouad Masri, P.E.

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Achyut Kumar Allady, P.E. aka Kumar A. Allady, P.E. ;

Vishalaxmi Allady ; Panneer Shanmugam, P.E. ; and Fouad Masri, P.E.

b. No authority granted to: Gregory Stelmack, P.E. and Andrew Nixon, P.E.

  
Signature of authorized representative

Kumar Achyut Allady, P.E.

Typed or printed name of signature

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

Total 55.00

2023 JUN 23  
ST. CLERK COUNTY  
TALLAHASSEE

FILED