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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
CCOM'S AUTHORIZATION	BY PHONE TO	DAVE
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Office Use Only



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DEC 1 5 2016
Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

CAMMIE WARBURTON 2248 MERIDIAN BLVD STE H MINDEN, NV 89423 US

SUBJECT: RADA SERVICES LLC Ref. Number: W16000074654



We have received your document for RADA SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 216A00023703

COVER LETTER

TO:

Registration Section

Divisi	on of Corporation	ns			
SUBJECT: _	ADA SERVICES	LLC			
Sebjaer		Name of I	Limited Liability (Company	_
The enclosed ". Existence, and	Application by For check are submitte	reign Limited Liability Comp ed to register the above refero	eany for Authoriza	ation to Transact Business in Florida ted liability company to transact bu	a," Certificate of siness in Florida
Please return al	l correspondence	concerning this matter to the	following:		
	Cammie Warb	urton			
		N:	ame of Person		_
	Corporate Dire	ct, Inc.			
		Fi	rm/Company		_
	2248 Meridian	Blvd., Suite H			
	Address				_
	Minden, NV 8	9423			
		City/S	tate and Zip Code	;	_
	info@corporated	lirect.com			
		E-mail address: (to be used	I for future annual	l report notification)	_
For further info	rmation concernin	g this matter, please call:			
Camr	nie Warburton		775 at (284-7162	
	Name o	of Contact Person	Area Code	Daytime Telephone Number	_
Divisi Regisi P.O. E	ING ADDRESS: on of Corporation ration Section Box 6327 bassee, FL 32314	: 5		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	heck for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	=	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1	MPANY TO TRANSACT BUSI Rada Services LLC	INESS IN THE STATE OF FLORIDA:		
1.	(Name of Foreig	n Limited Liability Company; must include "Limited Liab	oility Company," "L.L.C.," or "	LLC.")
	name unavailable, enter alterability Company," "L.L.C," o	mate name adopted for the purpose of transacting business or "LLC.")	s in Florida. The alternate name	e must include "Limited
	Wyoming	3.		
		which foreign limited liability	(FEI number, if applicable)	
4	11/1/2016			
4.		(Date first transacted business in Florida, if prior to	registration.)	
5.	60 E Simpson Ave	(See sections 605.0904 & 605.0905, F.S. to determine	penalty hability)	
	Jackson, WY 83001-866	7		
	PO Box 2869	(Street Address of Principal Office)		
6.	10 000 2007			
	Jackson, WY 83001			
		(Mailing Address)		
7.	Name and street address	of Florida registered agent: (P.O. Box NOT accepta	able)	
	Name:	REGISTERED AGENTS INC.	_	Fr.
	Office Address:	3030 N. Rocky Point Drive, STE 150A	<u>-</u>	16 06
		TAMPA	, Florida 33607	3
	-	(City)	(Zip code)	SEE CAN INC.
	gistered agent's accepta wing been named as regi	nce: stered agent and to accept service of process for the	above stated corporation a	af the place designated in
thi	s application, I hereby ac	cept the appointment as registered agent and agree	to act in this capacity. If	urther agree to comply
	th the provisions of all sta e obligations of my position	tutes relative to the proper and complete performa on as registe red agen t.	nce of my duties, and I am	familiar with and accept
	3 3 1		Assistant Secretary/Re	egistered Agents Inc
		(Registered agent's signature)		
0	The name title or consei	ty and address of the person(s) who has/have authori	itu ta managa ialara	
			ity to manage is/are:	•
. (-larity	re Fifty- Five _ Trus!	Clotch 1	
- {	Vinety-fiv	ie fifty- five _Trus	+ (Mar)	
_				
		existence, no more than 90 days old, duly authentic which it is organized. (If the certificate is in a foreig		
of	the translator must be sub	mitted)		
	_	dun C. V	Irustee	
		Signature of an authorized person	1	
		n accordance with section 605.0203 (1) (b), Florida S ne Department of State constitutes a third degree felo		

Lynn C. Daniels Trustee Clarity Refined Trust

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Rada Services LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on October 20, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2016-000730145.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 3rd day of November, 2016 at 9:20 AM. This certificate is assigned 021387024.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

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, Rada Services LLC	SEALES EVITE STATE OF FEORESA.			
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Liability Company," "L.L.C,"	ernate name adopted for the purpose of or "LLC.")	transacting business in Florida.	The alternate name	: must include "Limited
2. Wyoming		3		
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI num	ber, if applicable)	
4. 11/1/2016				
	(Date first transacted business in (See sections 605.0904 & 605.0905)	Florida, if prior to registration	.) pility)	
5. 60 E Simpson Ave				
Jackson, WY 83001-86	67			
	(Street Address of Princ	ipal Office)		
6. PO Box 2869				
Jackson, WY 83001				
	(Mailing Addr	ess)		
7. Name and street address	of Florida registered agent: (P.O. E	Box NOT acceptable)		
Name:	REGISTERED AGENTS INC	•		
Office Address:	3030 N. Rocky Point Driv	e, STE 150A		OFC CHAA
	TAMPA	, Florida	33607	SS SS
Registered agent's accept	(City)		(Zip code)	Me A Man
Having been named as reg this application, I hereby a	istered agent and to accept service of accept the appointment as registered tatutes relative to the proper and co.	l agent and agree to act in t	his capacity. I fu duties, and I am	irther agree to comply familiar will and accept
•	(Registered	agent's signature)	· · · · · · · · · · · · · · · · · · ·	
8. The name, title or capac	city and address of the person(s) who	- ,	ge is/are:	
jurisdiction under the law o	of existence, no more than 90 days of f which it is organized. (If the certifi	ld, duly authenticated by the cate is in a foreign language	official having co	ustody of records in the
of the translator must be sub	Lun Ci	authorized person	ustee	
submitted in a document to	in accordance with section 605.0203 the Department of State constitutes a	third degree felony as provi	m aware that any t ded for in s.817.1	false information 55, F.S.
	Lynn C. Daniels Trustee Clarity Ref	fined Trust		

Typed or printed name of signee

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