# 11/8000001968

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
W18-117	86 till	le		

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SECRETARY OF STATE

K. SALY FEB 2 6 2018

#### **COVER LETTER**

Registration Section Division of Corporations

TO:

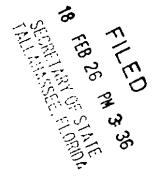
SUBJECT:			
	Name of	Limited Liability Company	
			ansact Business in Florida," Certificate of y company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
· · · · · · · · · · · · · · · · · · ·	N	ame of Person	
	F	irm/Company	<del></del>
-		Address	
	Cin/S	state and Zip Code	
	City/3	rate and Zip Code	
	E-mail address: (to be use	d for future annual report no	tification)
For further information concerning	ng this matter, please call:		
Name	of Contact Person	at () Area Code Day	vtime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the follow   S125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & 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: KADIANT KENOVATIONS, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Iff name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L. U," or "LLC,") (FEI number, if applicable) 6. SAME. 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in actordance 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 arthird degree felony as provided for in s.817.155, F.S. Signature of an authorized person

## The State of South Carolina





## Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

#### RADIANT RENOVATIONS, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on October 31st, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of January, 2018.

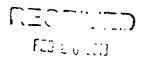
Mark Hammond, Secretary of State



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2018

PRONT ROBERT PRAIT 3441 WINIFRED ROW LANE APT 804 NAPLES, FL 34116



SUBJECT: RADIANT RENOVATIONS, LLC

Ref. Number: W18000011786

We have received your document for RADIANT RENOVATIONS, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 418A00002452