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AUG 23 2019

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TO: Registration Section
Division of Corporations

SUBJECT: RAD Management, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Antonio Vaughn

Name of Person

RAD Management, LLC

Firm Company

4115 W Spruce Street Suite 205

Address

Tampa, Florida 33607

City State and Zip Code

odutchm@gmail.com

E-mail address; (to be used for future annual report notification)

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For further information concerning this matter, please call:

Antonio Vaughn

727

902-7015

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$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 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. RAD Management, LLC

(Name of Foreign Limited Liability Company. This includes all limited liability companies, "LLC," "L.P.," "LLP," etc.)

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," "L.P.," or "LLP.")

2. Delaware

32-4756346

3. Jurisdiction under the law of which foreign limited liability company is organized

4. Federal number, if applicable

4. Date first transacted business in Florida (prior to registration).
See sections 605.093 & 605.095, F.S., to determine penalty liability.

5. 4115 W Spruce Street

6. 1306 Monte Vista Avenue

(Street Address of Principal Office)

(Mailing Address)

Suite 205

Suite 5

Tampa, Florida 33607

Upland, California 91786

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: Antonio Vaughn

Office Address: 4115 W Spruce Street Suite 205

Tampa

33607

Florida

(Zip code)

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.

Antonio Vaughn
Registered Agent Signature

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Brancon Mendennali</u>	☐ Manager	Name: <u>Randle Bowling</u>
☐ Member	Address: <u>4115 W. Spruce Street</u>	☐ Member	Address: <u>4115 W. Spruce Street</u>
☐ Authorized	<u>Suite 205</u>	☐ Authorized	<u>Suite 205</u>
Person	<u>Tampa, Florida 33607</u>	Person	<u>Tampa, Florida 33607</u>
☒ Other <u>Director</u>	☐ Other <u>President</u>	☒ Other <u>Director</u>	☐ Other <u>COO</u>
☐ Manager	Name: <u>Amy Vaughn</u>	☐ Manager	Name: _____
☐ Member	Address: <u>4115 W. Spruce Street</u>	☐ Member	Address: _____
☐ Authorized	<u>Suite 205</u>	☐ Authorized	_____
Person	<u>Tampa, Florida 33607</u>	Person	_____
☒ Other <u>Director</u>	☐ Other <u>CFO</u>	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 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.

Antonio Vaughn
 Signature of an authorized officer
Antonio Vaughn
 Typed name of authorized officer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAD MANAGEMENT, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203432557

Date: 08-19-19