M2/000/970

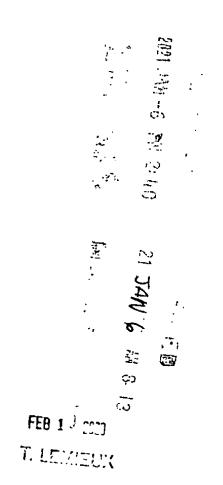
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
- (Bu	siness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
1031-12	63	

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FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED QUALIFICATION FOR:

RADIAN LLC

PLEASE RETURN A CERTIFIED COPY

CHECK# 8881

FOR: \$465.00 (\$155.00 for this filing)

THANK YOU!



February 16, 2021

FLORIDA RESEARCH

SUBJECT: RADIAN LLC

Ref. Number: W21000001263

We have received your document for RADIAN LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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

Mel Solomon Senior Section Administrator

Letter Number: 621A00003389

RESUBMITETIONS INJUSSI'
RESUBMITETIONS INJUSTICAL I

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

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

	Limited Liability Company; must include "Limited					
RADIAN HOLDINGS name unavailable, enter alternate na	LLC ame adopted for the purpose of transacting business in Flori	ida. The alternate name must in	clude "Limited Liabi	ity Company,""	L.L.C," or "1.L.	:")
Delaware		3. n/a				
(Jurisdiction under the law of wh	isch foreign limited liability company is organized)	3. <u>122</u>	(FEI numbe	r, if applicable)		
	(Date first transacted business in Florida, if prior to r	easterline 1				
	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine					
1940 S. Bayshore Lane (Street Address of P	e	6. 1065 SW 8th	St PMB 796			
		Mineri El 22	(Mailing Addre	ss)		
Coconut Grove, FL 33		Miami, FL 33		<u> </u>		•
				int C	: 🔾	
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		,		
. .	Atrium Registered Agents, Inc.			;	苕	
Name:	, main registered rigently men				_3	•
Office Address:	8950 SW 74th Ct., Suite 1901			,	<i>'6</i>	
	Miami		. 33156	·	· •	•
	(Cuy)	, Florid	da 33156 (Zip code)		• عنهٔ	ڑ'
iving been namea as re	gistered agent and to accept service of p	process for the above	statea umitea .	наошиу соп	wany at m	E 1/
comply with the provisi	ition, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.		d agree to act i	n this capac		her
comply with the provisi	ions of all statutes relative to the proper s of my position as registered agent.	and complète perfort	d agree to act i mance of my a	n this capac		her
comply with the provision accept the obligations The name, title or capa	Arium Registered Agents, Inc. (Registered agent's active to the proper agent's active and address of the person(s) who has	By: Felipe Fr	d agree to act is mance of my a rias, VP anage is/are:	n this capad luties, and I	am famili	her ar i
comply with the provision accept the obligations. The name, title or capa Title or Capacity:	(Registered agent's Arium Registered Agents, Inc. Name and Address:	ignature) By: Felipe Fr	d agree to act is mance of my a rias, VP anage is/are:	n this capad luties, and I		her ar i
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comply with the provision accept the obligations The name, title or capa Title or Capacity:	(Registered agent's Arium Registered Agents, Inc. Name and Address:	By: Felipe Fr	d agree to act is mance of my a rias, VP anage is/are:	n this capad luties, and I	am famili	her ar i
comply with the provision accept the obligations The name, title or capa Title or Capacity:	(Registered agent: s' acity and address of the person(s) who had Name and Address: Rajeev Gajwani 1160 Barroilhet Dr.	By: Felipe Fr	d agree to act is mance of my a rias, VP anage is/are:	n this capad luties, and I	am famili	her ar i
comply with the provisi d accept the obligations The name, title or capa Title or Capacity:	(Registered agent. / (Registered agent. / (Registered agent. / Arium Registered Agents, Inc.) acity and address of the person(s) who had Name and Address: Rajeev Gajwani 1160 Barroilhet Dr. Hillsborough, CA 94010 Satyan Gajwani	By: Felipe Fr	d agree to act is mance of my a rias, VP anage is/are:	n this capad luties, and I	am famili	her ar i
comply with the provising accept the obligations. The name, title or capaarity: MGR	(Registered agent. / Arium Registered Agents, Inc. acity and address of the person(s) who has Name and Address: Rajeev Gajwani 1160 Barroilhet Dr. Hillsborough, CA 94010 Satyan Gajwani 132 Isabella Ave,	By: Felipe Fr	d agree to act is mance of my a rias, VP anage is/are:	n this capad luties, and I	am famili	her ar i
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RADIAN 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RADIAN LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2020.

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



Authentication: 204376052

Date: 12-21-20