

M23000003069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

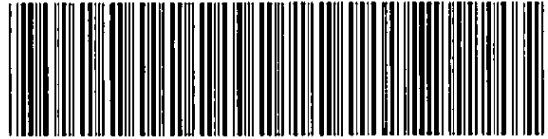
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W230000016199

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2023 MAR 10 AM 10:33  
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MAR 10 2023  
MAR 10 2023

MAR 11 2023  
K. Brumby



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2023

BRAD ROLLER  
18412 WILDBLUE BLVD.  
FT. MYERS, FL 33913

SUBJECT: RADISH Z LLC  
Ref. Number: W23000016199

We have received your document for RADISH Z 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 023A00002850

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RADISH Z 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:

Brad Roller

Name of Person

RADISH Z LLC

Firm/Company

18412 WildBlue Blvd.

Address

Ft. Myers, FL 33913

City/State and Zip Code

BLR3@me.com

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

For further information concerning this matter, please call:

BRAD ROLLER

216

533-2082

at ( )

Name of Contact 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

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

1. RADISH Z LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. WYOMING  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0831110  
(FEI number, if applicable)

4. 12/16/2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 18412 WILDBLUE BLVD  
(Street Address of Principal Office)  
FT. MYERS, FL 33913

6. 18412 WILDBLUE BLVD  
(Mailing Address)  
FT. MYERS, FL 33913

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

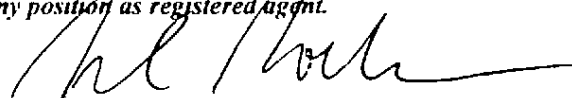
Name: BRAD ROLLER

Office Address: 18412 WILDBLUE BLVD  
FT. MYERS, FL

33913  
(City) , 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.

  
(Registered agent's signature)

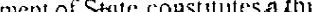
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<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: BRAD ROLLER	<input type="checkbox"/> Manager	Name: _____
	18412 WildBlue Blvd.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Authorized	_____
<input checked="" type="checkbox"/> Authorized	Ft. Myers, FL 33913		_____
	_____	Person	_____
Person	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____		
 		<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Authorized	_____		_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 		<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Authorized	_____
<input type="checkbox"/> Authorized	_____		_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.

the Department of State constitutes a third degree felony as provided for in s.81



\_\_\_\_\_  
Signature of an authorized person

BRAD ROLLER

Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**Radish Z LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 19, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001173875**.

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 28th day of February, 2023 at 8:19 AM. This certificate is assigned ID Number 058854029.



A handwritten signature in cursive script that reads "Chuck Gray". The signature is written in black ink and is positioned above a horizontal line.

Secretary of State