

# P19000048728

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
Fax Number : (718)889-7420

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Radian Management, Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

2019 JUN 17 AM 11:06

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JUN 18 2019

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the corporation shall be: Radian Management, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

16170 Cartwright Lane16170 Cartwright LaneNaple, FL 34110Naple, FL 34110**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To engage in any lawful act or activity for which corporations may be organized.

**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gilvan Angelini, Director

Name and Title: \_\_\_\_\_

Address 16170 Cartwright Lane

Address: \_\_\_\_\_

Naple, FL 34110

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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|-----------------|-------|-----------------|-------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address         | _____ | Address:        | _____ |
|                 | _____ |                 | _____ |
|                 | _____ |                 | _____ |

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gilvan Angelini

Address: 16170 Cartwright Lane

Naple, FL 34110

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Gilvan Angelini

Address: 16170 Cartwright Lane

Naple, FL 34110

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

x



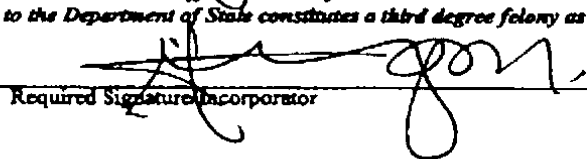
Required Signature/Registered Agent

06/14/19

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

x



Required Signature/Incorporator

06/14/19

Date