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(Requestor's Name)

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(City/State/Zip/Phone #)

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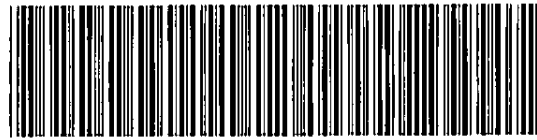
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT OF STATE
TALLAHASSEE, FLORIDA

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DATE: 02/21/2025

NAME: RADIANCE SCLR HOLDINGS, INC.

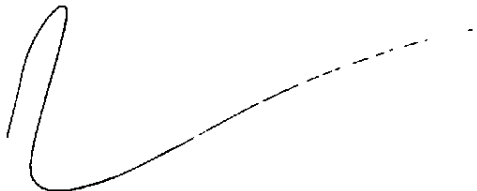
TYPE OF FILING: ARTICLES

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Radiance SCLR Holdings, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Bruna Carreiro

Name (Printed or typed)

88 Black Falcon Ave, Suite 345

Address

Boston, MA 02210

City, State & Zip

617-603-3773

Daytime Telephone number

bcarreiro@lawson-weitzen.com

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

NOTE: Please provide the original and one copy of the articles.

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: Radiance SCLR Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5713 Corporate Way, Suite 200, West Palm Beach, FL 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aniruddha S. Gotmare, President

Name and Title: Aniruddha S. Gotmare, Secretary & Treasurer

Address 11259 Millpond Greens Drive
Boynton Beach, FL 33473

Address: 11259 Millpond Greens Drive
Boynton Beach, FL 33473

Name and Title: Aniruddha S. Gotmare, Director

Name and Title: _____

Address 11259 Millpond Greens Drive
Boynton Beach, FL 33473

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Aniruddha S. Gotmare

Address: 11250 Millpond Greens Drive

Boynton Beach, FL 33473

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Bruna Carneiro

Address: 88 Black Falcon Ave, Suite 345

Boston, MA 02210

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 days prior or 90 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

Signed by
Aniruddha S. Gotmare 2/20/2025

Required Signature/Registered Agent 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.

DocuSigned by
Bruna Carneiro 2/20/2025

Required Signature/Incorporator Date