

B2300000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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T. LEMIEUX  
AUG -7 2023

COVER LETTER

TO: Registration Section  
Division of Corporations  
IRIS ASSOCIATES L.P.

SUBJECT: \_\_\_\_\_  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  
Please return all correspondence concerning this matter to:

LANCE SHALIT

\_\_\_\_\_  
Contact Person  
IRIS ASSOCIATES L.P.

\_\_\_\_\_  
Firm/Company  
28 KENNEDY BLVD, SUITE 800

\_\_\_\_\_  
Address  
EAST BRUNSWICK, NJ 08816

\_\_\_\_\_  
City, State and Zip Code  
CHRISTINE@LANCEBRAM.COM

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

For further information concerning this matter, please call:

CHRISTINE SOCCODATO 732 545-1850, EXT 32  
\_\_\_\_\_  
at ( )

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fee  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)  
☒ \$1,008.75 Filing Fees  
and Certificate of  
Status  
☐ \$1,052.50 Filing Fees  
and Certified Copy  
☐ \$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. IRIS ASSOCIATES L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

Texas

12/24/2014

2. State or Country of Formation  
22-3381584

3. Date of Formation

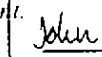
4. Federal Employer Identification Number:

5. Name of Registered Agent for Service of Process and Florida Street Address:  
JOHN O'DONNELL

612 ARMADA RD S

VENICE, FL 34285-2528

6. 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.

  
A3F18F98EB8941A

Signature of Registered Agent

7. Principal Office:  
IRIS ASSOCIATES L.P.

110 AXIS CIRCLE

BOERNE, TX 78006

8. Mailing Address:  
IRIS ASSOCIATES L.P.

28 KENNEDY BLVD, SUITE 800

E BRUNSWICK, NJ 08816

9. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

LANCE SHALIT

Name of General Partner: 28 KENNEDY BLVD, SUITE 800  
Street Address: E BRUNSWICK, NJ 08816

Mailing Address: 28 KENNEDY BLVD, SUITE 800  
E BRUNSWICK, NJ 08816

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

Name of General Partner:

Street Address:

Mailing Address:

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

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

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

11. Effective date, if other than the date of filing: \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**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.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 25 day of JULY, 2023

  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for IRIS Associates L.P. (file number 802123952), a Domestic Limited Partnership (LP), was filed in this office on December 23, 2014.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: December 24, 2014

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 13, 2023.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State

*Come visit us on the internet at <https://www.sos.texas.gov/>*

Phone: (512) 463-5555  
Prepared by: SOS-WEB

Fax: (512) 463-5709  
TID: 10264

Dial: 7-1-1 for Relay Services  
Document: 1256773440004