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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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COVER LETTER

TO:	Registration Section	n						
	Division of Corpor							
		GEMENT INC						
SUBJ	ECT:							
		Name o	f corporation	- must i	nclude suffix			
Dear S	Sir or Madam:							
"Certi	nclosed "Application ficate of Existence." referenced foreign co	or "Certificate	of Good Stan	ding" a	nd check are subr			
	return all correspond ENGLAND MURPH		ng this matter	to the f	following:			
			Name of I	Person				
IRIS	MANAGEMENT INC							
			Firm/Com	pany				—
2909	PARKHAVEN DRIVE							
-			Addre	ess				
FLOV	WER MOUND, TEXA	8 75022						
			City/State ar	nd Zip c	ode	·	····	
TINA	MURPHY@ME.COM	1						
		E-mail address	to be used f	or futur	e annual report n	otification).	55	
			(10.00.11.01.				<u>ئ</u>	e sie
For fu	rther information cor	ncerning this m	atter, please c	:all:		··.	GET.	72 T 20000
TINA ENGLAND MURPHY		v	972	365	365-1140		(<u>o</u>	JF- ia -
LIINE	CONCIDENTATION OF THE		at ()	-1140		- 4- ;	
	Name of Person		Area Cod	e	Daytime Teleph	none Number	= 50 57 Po	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclo	sed is a check for the	following amo	unt:					
☐ \$7	0.00 Filing Fee □	3 \$78.75 Filing Certificate of			5 Filing Fee & led Copy	■ \$87.50 Fili Certificate Certified (of Sta	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. IRIS MANAGEMENT, INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") IRIS MANAGEMENT FLINC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) TEXAS 20-1932516 - FTN 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) NOV 24, 2004 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 2909 PARKHAVEN DRIVE, FLOWER MOUND, TX, 75022 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) TINA ENGLAND MURPHY Name: 21813 PALM AVENUE Office Address: PANAMA CITY BEACH 32413 (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.

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

(Registered agent's signature)

11. Nam	es and business addresses of officers and/of directors.			
A. DIRE	TINA E MURPHY			
	2909 PARKAHVEN DRIVE			
Address:	FLOWER MOUND, TX 75022			
	PATRICK W MURPHY			
Vice Chair	rman:			
	FLOWER MOUND, TX 75022			
Director:				
Address:				
Director:				
Address:				
B. OFFI	TINA E MURPHY			
President: Address:	2909 PARKAHVEN DRIVE	• 1	2,9	
riduicas.	FLOWER MOUND, TX 75022		<u> </u>	132~~
Vice Presi	TINA E MURPHY dent:		!	to a
	2909 PARKAHVEN DRIVE		<u> </u>	i
Address:	FLOWER MOUND, TX 75022	,	E.	· .
Capratone	TINA E MURPHY	•		
		L=+		
	TINA E MURPHY			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and	/or dire >	ectors.	
12	Signature of Director/or Officer	5		
are true a a third de TIN	er or director signing this document (and who is listed in number 11 above) affirms that the nd that he or she is aware that false information submitted in a document to the Department of the	e facts it of Sta	stated ate cor	herein istitutes
· - · -	(Typed or printed name and capacity of person signing application)			

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



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Iris Management, Inc. (file number 800418470), a Domestic For-Profit Corporation, was filed in this office on November 24, 2004.

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

It is further certified that our records indicate TINA E. MURPHY as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

2909 PARKHAVEN DRIVE

FLOWER MOUND, TX - 75022 USA

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 October 07, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State