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Reference Number: JFC/IRIS IT, Inc.

COVER LETTER

	stration Section sion of Corporal	ions			
SUBJECT:	IRIS IT INC a	Delaware corporation			
o b b c c c c c c c c c c c c c c c c c		Name of corporat	ion - mu	st include suffix	
Dear Sir or M	ładam:				
"Certificate of	of Existence." or	y Foreign Corporation I "Certificate of Good S poration to transact bus	tanding"	and check are sub-	
Please return	all corresponde	nce concerning this ma	ter to th	e following:	
Robert Ertlma	ier				
		Name	of Perso	n	
tris IT Inc.					
		Firm/C	ompany		
1810 Medea C	Court				
		Ac	ldress		
Naples, FL 34	109				
		City/Stat	e and Zi	p code	
rj@buywithiri					
	8	mail address: (to be use	ed for tu	ture annual report r	notification)
For further in	iformation conc	erning this matter, pleas	se call:		
Robert Ertlma	ier	at (⁷³² Area C	2.	21-8300	
Nam	ne of Person	Area C	ode	Daytime Telep	hone Number
Regi Divis The 9 2415	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAHLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	heck payable to:	ollowing amount: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified Copy	S87.50 Filing Fee, Certificate of Status &

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.

"Inc.," "Co.," "Co	orp." "Inc." "Co." or "Corp.")			
(If name unavaila	able in Florida, enter alternate corporate name	c adopted for the purpose of transacting bus	iness in Florida)	
Delaware	3	92-0744599		
	3 y under the law of which it is incorporated)			
(Date	of incorporation) 5	(Date of duration, if other than p	(Date of duration, if other than perpetual)	
1810 MEDEA CT		in Florida, if prior to registration) 1502 (F.S., to determine penalty hability)		
···	(Principal of	fice <u>street</u> address)	707	
1810 MEDEA C	T, NAPLES, FL 34109			
	(Current mail	ing address, if different)) 1 H H H H 1 1 0	
Name and street	<u>et address</u> of Florida registered agent: (P.	O. Box NOT acceptable;		
		PLIC	•	
Name:	Woods Weidenmiller Michetti, Rudnick.		,	
	Woods Weidenmiller Michetti, Rudnick. 9045 Strada Stell Court, Suite 400			
Name:	9045 Strada Stell Court, Suite 400	Florida 34109		

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.

A. DIRECTORS Name: Robert Ertlmaier □ Chairman □ Chairman Name: _____ 1810 Medea Court ☐ Vice Chairman Address: □Vice Chairman Address: Naples, FL 34109 ☐ Director Director ■ President □ President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □Treasurer ☐ Secretary Other ____ Other____ □Other ____ □Other _____ Chairman Name: Name: □ Chairman □Vice Chairman Address: Address: ☐ Vice Chairman □ Director Director ☐ President □ President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer Other _____ □ Other Other _____ □Other _____ □Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: Director Director □ President □President □Vice President ☐ Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐Treasurer □Other _____ □Other ____ □Other _____ Other ____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. -6-3 Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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. Robert Ertlmaier, President

(Typed or printed name and capacity of person signing application)

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IRIS IT INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IRIS IT INC."

WAS INCORPORATED ON THE THIRTIETH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at COURS aware gov and

Authentication: 203215468

Date: 04-09-24