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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

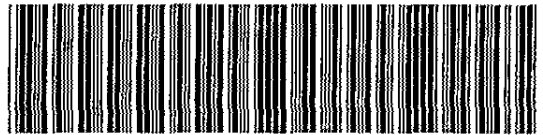
(Business Entity Name)

(Document Number)

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04 JAN -2 AM 8:16

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iroteck
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shane TYLER
(Name of Person)

Iroteck
(Firm/Company)

2719 Rock Rd Davenport
(Address)

Davenport FL 33637
(City/State and Zip Code)

For further information concerning this matter, please call:

Shane TYLER at (863) 557 3573
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 5, 2003

SHANE TYLER
2719 ROOKS RD
DAVENPORT, FL 33837

SUBJECT: IROTECK LLC
Ref. Number: W03000036746

We have received your document for IROTECK LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

Your application was missing Page 1. Enclosed is a blank Page 1 for you to complete. Please return your completed and signed Page 1 with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 003A00065536

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DIVISION OF CORPORATIONS
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

IROTECK LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

IROTECK
2719 BOOKS Rd.
Davenport FL 33837

Mailing Address:

IROTECK
2719 BOOKS Rd
Davenport, FL 33837

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

~~Shane TYLER~~ Shane TYLER
2719 Name
~~2719~~ BOOKS Rd.
Florida street address (P.O. Box **NOT** acceptable)
Davenport, FLORIDA 33837
City, State, and Zip

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DIVISION OF CORPORATIONS
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Shane TYLER
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR Robert Sommers

2719 Racks Rd Davenport FL 33837

MGR/OWNER Shane TYLER

2719 Racks Rd Davenport FL 33837

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Shane TYLER / Robert J Sommers
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Shane TYLER / Robert J Sommers
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)