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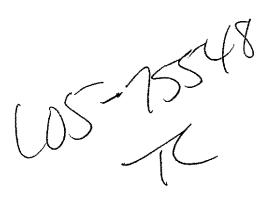
(Requestor's Name)				
(Address)				
(Address)				
(City/St	ate/Zip/Phone #))		
PICK-UP	WAIT	MAIL		
(Busine	ss Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

	tration Se ion of Cor			
SUBJECT: _		IRINY PLACE LL	С	
(Name of Limited Liability Company)				
		Organization and fee(s) are su		
		MAGDY FAL	ESTINY, MD	
-		(1)	Name of Person)	
		IRINY PLAC	ELLC	
		0	Firm/Company)	
		920 ROLLING	ACRES RD STE 1 (Address)	
			FL 32159-5029 State and Zip Code)	
For further inf	ormation	concerning this matter, please	call:	
MA	GDY FAL	ESTINY	at (352) 751-	0890
		of Person)	at (352) 751 - (Area Code & Daytime	Telephone Number)
Enclosed is a	check fo	r the following amount:		
Ø \$125.00 Fil	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is sinclosed)
STREET ADDRESS:			ADDRESS: 👙	
		ration Section	Registration	Section Corporations
Division of Corporations 409 E. Gaines Street		P.O. Box 63		
Tallahassee, Florida 32399		Tallahassee,	Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
IRINY PLACE LLC	
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	<u> Mailing Address:</u>
1257 SW 87TH PLACE OCALA, FL 34476	
ARTICLE III - Registered Agent, Registered O	
The name and the Florida street address of the regi	stered agent are:
MAGDY FALE	STINY
Name	
920 ROLLING AC	CRES RD STE 1
	s (P.O. Box <u>NOT</u> acceptable)
LADY LAKE F	L 34476
City, State, and	Zip
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity. It statutes relating to the proper and complete perforaccept the obligations of my position as register	certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rmance of my duties, and I am familiar with and
Registered Agent's Sig	gnature SECRETURY OF SECRETURY

Page 1 of 2

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MAGDY FALESTINY
	920 ROLLING ACRES RD STE 1
	LADY LAKE, FL 32159-5029
-	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
	maply Jelon
Signature of a member	er or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury terein are true.)
N	IAGDY FALESTINY
Ty	ped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)