L12000042837

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000076649 3)))

H12000076649ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT
Please retain original filing
date of submission 3/23

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

U.S. IR, an EMX Company, LLC

FLORIDA LIMITED LIABILITY CO.

~~U.S. IR LLC, A EMX Company~~

Certificate of Status	0
Certified Copy	0
Page Count	~~04~~ 5
Estimated Charge	$125.00

RECEIVED
12 MAR 27 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 MAR 23 AM 10:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
MAR 28 2012
EXAMINER

March 26, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE-SUBMIT
Please retain original filing
date of submission 3/23

U.S. IR LLC
4200 DOW STREET, SUITE C
MELBOURNE, FL 32934

SUBJECT: U.S. IR LLC
REF: W12000016659

FILED
12 MAR 23 AM 10:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is U.S. IR LLC -- Document Number P09000043135.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

FAX Aud. #: H12000076649
Letter Number: 512A00010118

P.O BOX 6327 – Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 23 AM 8:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U.S. IR, an SMX Company, LLC
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:

Annemarie Brown
Name of Person

McElroy, Deutsch, Mulvaney & Carpenter, LLP
Firm/Company

One State Street - 14th Floor
Address

Hartford, CT 06103
City/State and Zip Code

abrown@mdmc-law.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Annemarie Brown at (860) 524-7016
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee ☐ $130.00 Filing Fee & Certificate of Status ☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 5327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 23 AM 10:20

ARTICLE I - Name:
The name of the Limited Liability Company is:

U.S. IR, an EMX Company, LLC

(Must end with the words "Limited Liability Company," "L.L.C." or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
4200 Dow Street, Suite C	same
Melbourne, FL 32934	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation FL 33324
City, State, and Zip

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, F.S.

By: C T Corporation System
Registered Agent's Signature (REQUIRED)

SALVINA MIENTA-GRAY
OFFICIAL ASSISTANT SECRETARY

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Timothy Arlen 4200 Dow Street, Suite C Melbourne, FL 32934
MGR	Robert V. Gibbs 4200 Dow Street, Suite C Melbourne, FL 32934
MGR	James M. Herrmann 4200 Dow Street, Suite C Melbourne, FL 32934
MGR	Robert F. Daly 1712 Atlantic Street, Unit 6P Melbourne, FL 32951

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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. I am aware that any 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.)

Stephen B. Hazard, Authorized representative
Typed 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)