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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SEGRETARY OF STATES
TALL AHASSEE, EVORIDA

2012 APR 13 AM 9:3

J. SAULSBERRY EXAMINER

APR 16 2012

COVER LETTER

TO:

, ,

Registration Section

Division of Cor	porations			
SUBJECT: IRIS	SS LAKEWOOD	, LLC		
j		ed Liability Company		
*The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspon	ndence concerning this matt	er to the following:		
FREI	D M. STARLING	3		
		Name of Person		_
IRISS	S LAKEWOOD,	LLC		
		Firm/Company		
5969	CATTLERIDGE	BLVD., STE 200		
-		Address	=	~
SARA	SOTA, FL 34232	2	SECT	DIZ APR 13
,	Cit	y/State and Zip Code	F	∞
PC@:	STARLING-GROUP	P.COM or future annual report notification)	<u>55.55</u>	
E. Carthania Carragian	•	·	E PS	AM 9: 3
For further information ec	oncerning this matter, please	e can.	92 E	<u>ب</u> ن
PEGGY COX		at (941) 378-3811 EXT 106		
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	(additional copy is enclosed) Certified (of Status	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 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

ARTICLE I - Name	AR'	FICI	ÆΙ	- Na	me
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The name of the Limited Liability Company is:

IRISS LAKEWOOD, 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:	•
5969 CATTLERIDGE BLVD.	5969 CATTLERIDGE BLVD.	
SUITE 200	SUITE 200	
SARASOTA, FL US 34232	SARASOTA, FL US 34232	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	í	or another 2012 APR 13
FRED M. STAF	RLING	35
	Name	元 公
5969 CATTLE	ERIDGE BLVD, STE 200	F.S
Florida	street address (P.O. Box NOT acceptable)	95 9

SARASOTA, FL _{FL} 34232

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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

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

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

MGRM	FRED M. STARLING
WGKW	5969 CATTLERIDGE BLVD., SUITE 200
	SARASOTA, FL US 34232
	·
	TALLAHAS
	> II
	PATA SAN
	Es
Use attachment if necessary)	ORI
E. W. Defeating data if athen then the	e date of filing: (OPTION
	e date of filing: (OPTION be specific and cannot be more than five business d

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.)

FRED M. STARLING

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)