## L14000021379

(Re	questor's Name)	
(Ad	dress)	· · · · · ·
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
l		

Office Use Only



200253533412

01/23/14--01018--010 \*\*130.00

L JAN 23 PH 3:5:

£' '	CO	VER LETTER	<b>₩</b>
	tration Section on of Corporations		
SUBJECT:	The Iron Forge L	LC	
	Name of Li	mited Liability Company	
The enclosed A	articles of Organization and fee(s) a	re submitted for filing.	
Please return a	Il correspondence concerning this n	natter to the following:	
R	yan Ersland		
		Name of Person	
<u>T</u>	he Iron Forge		
		Firm/Company	
9	23 Hunters Cree		
_		Address	
D	eland, FL 32720		
th	o eironforgeorlando@gm	City/State and Zip Code  ail.com	
	E-mail address: (	to be used for future annual re	port notification)
For further info	ormation concerning this matter, ple	ase call:	
	at (_	386 <u>54747</u> 1	1
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a c	heck for the following amount:		
\$125.00 Filing	Fee \$\sqrt{130.00}\$ Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The first of the time of time of the time of time	
The Iron Forge LLC	
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
923 Hunters Creek Drive #303	923 Hunters Creek Drive #303
Deland, FL 32720	Deland, FL 32720
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as it another business entity with an active Florida region of the	ts own Registered Agent. You must designate an individual or istration.)
Ryan Ersland	
<del>-</del>	Name
923 Hunters Creek Drive #30	3
	O. Box NOT acceptable)
Deland	FL 32720
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the prov of my duties, and I am familiar with and accept	cept service of process for the above stated limited liability company as accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Agent's	s Signature (REQUIRED)
(CON	TTINUED)

Page 1 of 2

FILES 14 JAN 23 24 3:57 SECRETARY OF MALE

<u>Fitle:</u> 'AMBR" = Authorized N	Name and Address:
MGR" = Manager	cinoci
MGR	Ryan Ersland
	923 Hunters Creek Drive #303
	Deland, FL 32720
,	
	·
<u></u>	
V: Effective date, if other tive date is listed, the d	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90
V: Effective date, if otherive date is listed, the diffiling.)	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90
CV: Effective date, if other cive date is listed, the diffiling.) CVI: Other provisions, if	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90  any.
V: Effective date, if other tive date is listed, the d'filing.)  VI: Other provisions, if	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90  any.
V: Effective date, if other tive date is listed, the diffiling.) VI: Other provisions, if	er than the date of filing:
CV: Effective date, if other tive date is listed, the diffiling.) CVI: Other provisions, if  REQUIRED SIGNATU  Sig (In accordance constitutes a I am aware to	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior to or 90  any.
V: Effective date, if other tive date is listed, the diffiling.)  VI: Other provisions, if  REQUIRED SIGNATU  Sig (In accordance constitutes a I am aware to constitutes a	rethan the date of filing:
Citive date is listed, the diffiling.)  EVI: Other provisions, if  REQUIRED SIGNATU  Sig (In accordance constitutes a I am aware to constitutes a	any.  RE:  nature of a member or an authorized representative of a member.  e with section 605.0203 (1) (b), Florida Statutes, the execution of this document in affirmation under the penalties of perjury that the facts stated herein are true.  hat any false information submitted in a document to the Department of State
CV: Effective date, if other tive date is listed, the diffiling.) CVI: Other provisions, if  REQUIRED SIGNATU  Sig (In accordance constitutes a I am aware to constitutes a	any.  RE:  mature of a member or an authorized representative of a member.  e with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)  an Ersland

ARTICLE IV-

Page 2 of 2