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SECRETARY OF STATE TALLAHASSEE, FLORIDA

K.SALY EXAMINER FEB 11 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: IRIS Consulting, 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:	
Iris Daliz Rivera Perez Name of Person	
IRIS Consulting, LLC Firm/Company	
15161 Masthead Landing Circle Address	
Winter Garden, FL, 34787 City/State and Zip Code	
IRISCONSULT.LLC@GMAIL.COM E-mail address: (to be used for future annual report notification For further information concerning this matter, please call:)
Iris Daliz Rivera Perez at (305) 766-1257 Name of Person Area Code Daytime Teleph	one Number
Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
IRIS Consulting, LLC, (Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15161 Masthead Landing Circle Winter Garden, FL. 34787	15161 Masthead Landing Circle Winter Garden, FL. 34787
Another business entity with an active Florida registration. The name and the Florida street address of the registered. Iris Daliz Rivera Perez Name 15161 Masthead Landing Cir Florida street address (P.O. Box Winter Garden City Having been named as registered agent and to accept see the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	Registered Agent. You must designate an individual or on.) d agent are: Process Process for the above stated limited liability company at put the appointment as registered agent and agree to act in this so of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S.

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized "MGR" = Manager	Member	Name and Address:
(Use attachment if nece EV: Effective date, if o	ther than the date of fil	ling: (OPTIONAL)
E V: Effective date, if o petive date is listed, the if filing.) E VI: Other provisions,	ther than the date of fild date must be specific if any.	and cannot be more than five business days prior to or 9
E V: Effective date, if of ective date is listed, the of filing.) E VI: Other provisions, REQUIRED SIGNAT	ther than the date of fil date must be specific if any.	and cannot be more than five business days prior to or 9
E V: Effective date, if of sective date is listed, the of filing.) E VI: Other provisions, REQUIRED SIGNAT Signature (In accordance constitutes and I am aware the section of	ther than the date of fil date must be specific if any. URE: Ignature of a member e with section 605.020 affirmation under the at any false information	and cannot be more than five business days prior to or 9
E V: Effective date, if of active date is listed, the of filing.) E VI: Other provisions, REOUIRED SIGNAT S (In accordance constitutes and I am aware the constitutes a term.)	ther than the date of fil date must be specific if any. URE: URE	for an authorized representative of a member. 3 (1) (b). Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)

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