L14000197078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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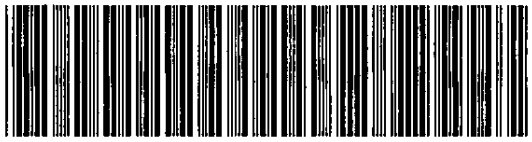

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2014

SHANE O'REILLY
1860 OAKES BLVD
NAPLES, FL 34119

SUBJECT: IOS ENTERPRISES L.L.C.
Ref. Number: W14000050966

We have received your document for IOS ENTERPRISES L.L.C. and your check(s) totaling $125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00017874

Shane O'Reilly
1860 Oakes Blvd.
Naples , FL 34119
T 732 682-8845
shanemoreilly@hotmail.com

August 13, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern,

This cover letter is being submitted for the formation of IOS Enterprises LLC. Included are the Articles of Organization, filing fee of $125.00, and my name, address, and telephone #.

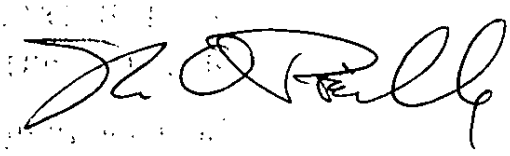
Shane O'Reilly

1860 Oakes Blvd.

Naples Fl 34119

732-682-8845

Regards,



Shane O'Reilly

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: IOS ENTERPRISES L.L.C.
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:

SHANE O'REILLY
Name of Person

Firm/Company

1860 OAKES BLVD
Address

NAPLES FL 34119
City/State and Zip Code

SHANE MOREILLY@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANE O'REILLY at (732) 682-8845
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 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:
The name of the Limited Liability Company is:

IOS HOME SERVICES LLC
~~IOS ENTERPRISES L.L.C.~~

(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:**
1860 OAKES BLVD NAPLES FL 34119	1860 OAKES BLVD NAPLES FL 34119

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:

SHANE O'REILLY
Name

1860 OAKES BLVD
Florida street address (P.O. Box **NOT** acceptable)

NAPLES FL 34119
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)

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(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	SHANE O'REILLY 1860 OAKES BLVD. NAPLES FL 34119

(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.)

SHANE O'REILLY
Typed or printed name of signee

14 SEP -3 PM 4:46

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)