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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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FEB - 4 2015

T. BROWN

COVER LETTER

	Division of Corporations
	SUBJECT: Iron Spinaker 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:
	Wayne Patrick Fleming Name of Person
	Iron Spinaker Firm/Company
	205 Brightwater Dr #201 Address
	Clearwater Beach FI 33767 City/State and Zip Code
	Wayne,Fleming@ironspinnaker.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Wayne Fleming at (678) 451-5152 Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
Ŀ	S125.00 Filing Fee Certificate of Status Certificate of Status & Certificate of
	Mailing Address Street/Courier Address

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2015

WAYNE PATRICK FLEMING 205 BRIGHTWATER DR #201 CLEARWATER BEACH, FL 33767

SUBJECT: IRON SPINAKER LLC Ref. Number: W15000003872 RECEIVED

15 FEB -3 AM IO: 00

15 FEB -3 AM IO: 00

We have received your document for IRON SPINAKER LLC 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L10000091776.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 415A00001116

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	*
The name of the Limited Liability Company is:	
Emcorida, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
205 Brightwater Drive #201 Clearwater Beach, FI 33767	205 Brightwater Orive #201 Clearwater Beach, Fl 33767
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Wayne Fleming Name	
205 Brightwater Drive #201 Florida street address (P.O. Box	NOT acceptable)
Clearwater Beach	FL 33767
City	Zip
Having heen named as registered agent and to accent ser	vice of process for the above stated limited liability company at

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
MBR	Wayne Patrick Fleming
	205 Brightwater Drive #201
	Clearwater Beach, Fl 33767
V: Effective date, if other than the tive date is listed, the date must b	date of filing:
tive date is listed, the date must b filing.) VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or
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V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false it constitutes a third degree if	member or an authorized representative of a member. in 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State