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CAPITAL CONNECTION, INC.

* 417 E. Virginia Street, Suite 1 * Tallahassec, Florida 32301 (850) 224-8870 * 1-800-342-8062 * Fax (850) 222-1222

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COVERLETTER

	ew Filing Sect ivision of Corp			
SUBJECT	: Iron Cast Ho	oldings LLC	ited Liability Company	
		name of Lim	nea Liability Company	
The enclos	ed Articles of (Organization and fee(s) are	submitted for filing.	
Please retu	in all correspo	ndence concerning this mat	tter to the following:	
	David A. Sve	С		
			Name of Person	
	,		Firm/Company	
	3941 Taman	ú TRL Unit 3157 #76		
			Address	
	Punta Gorda.	FL 33950		
			ity/State and Zip Code	
		eetholdings.net		
	1;	-mail address; (to be used	for future annual report notificati	ion)
For further i	nformation cor	icerning this matter, please	call:	
	David Svec	at (<u>32</u>	3 1 363-6455	
	Name	e of Person — Ai	rea Code — Daytime Telephon	e Number
Enclosed i	s a check for th	ic following amount:		
= \$125,08) Filing Fee	TI\$130,00 Filing Fee & Certificate of Status	□S155.00 Ulting Fee & Certified Copy (additional copy is enclosed)	OS160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address ling Section	Street Address New Filing Section D	ivision

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2021 MAR 29 AM 11: 16

SECRETARY OF STATE TALLAMASSEE, FL

Iron Cast	Holdings	LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Princip	oal Office Address:		Mailing Addi	ress:
4584 Ashton Rd		394	l Tamiami TRL	
Samsota, FL 34233		<u>Uni</u>	3157 #76	
		Pnn	ta Gorda, FL 33950	
other business entity with an	active Florida registratic	en.)	You must designate an in	idividual
other business entity with an	active Florida registratic	en.)	You must designate an in	idividual
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nother business entity with an	active Florida registratic address of the registerer	n.) Lagent are:	You must designate an in	ndividual
nother business entity with an	active Florida registratic address of the registerer David A. Svec	n,) Lagent are: Name		ndividual
iother business entity with an	active Florida registratic address of the registerer David A. Svec 4584 Ashton Rd	n,) Lagent are: Name	cceptable)	ndividual

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 Stemmer (REOLIBETY

(CONTINUED)

"MGR" – Manager <u>MGR</u>	David A. Svec 3941 Tamiami TRL Unit 3157 #76 Punta Gorda, FL 33950	
		2000 P
(Use attachment if necessary)	ר. בו	TATE
TCLE V: Effective date, if other than the d	ate of tiling: March 26, 2021 (OPTIONAL)	
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i effective date is listed, the date must be ate of filing.) If the date inserted in this block does no locument's effective date on the Departme ICLE VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 cost meet the applicable statutory filing requirements, this date will not be	
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Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-