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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number [REDACTED]

From:

Account Name : SANCHEZ VADILLO LLP
Account Number : 128150000038
Phone : (305)485-9700
Fax Number : (813)492-8840

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporations@kwus.com

**FLORIDA LIMITED LIABILITY CO.
IRISHRAPIDS LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: IRISHRAPIDS LLC

Name of Limited Liability Company

The enclosed Articles of Organization and the(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL J. VADILLO

Name of Person

SANCHEZ VADILLO LLP

Firm/Company

11402 NW 41ST STREET SUITE 202

Address

DORAL, FL 33178

City/State and Zip Code

MVADILLO@SVLAWUS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANUEL J. VADILLO

305

435-1410

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 Filing Fee &
Certificate of Status

☐ \$135.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

Street Address
New Filing Section Division
The Office of Tallahassee
2415 N. Monroe Street, Suite 510
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IRISRAPIDS LLC

(Must contain 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:**3310 MARY STREET3310 MARY STREET501501MIAMI, FL 33133MIAMI, FL 33133**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:

MANUEL J. VADILLO

Name

1200 BRICKELL AVENUE 1400

Florida street address (P.O. Box NOT acceptable)

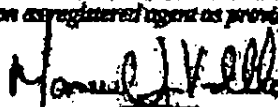
MIAMIFL33131

City

State

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 605, F.S.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title

"AMOR" - Authorized Member

"MGR" - Manager

Name and Address

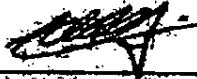
MGR

KIRK DAKOTA LLC
215 MARY STREET STE 901
BRANDON, FL 33511

(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.)

Note: If the date entered in this block does not meet the applicable statutory filing requirements, this date will not be listed on the document's effective date on the Department of State's records.**ARTICLE VI: Other provisions, if any:****REQUIRED SIGNATURE**Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (a), Florida Statutes.
I certify that any data information submitted in a document to the Department of State complies with the degree of accuracy provided for in s. 617.151, F.S.ELENA MARTA WOS H.

Typed or printed name of signer

Other Fees:

\$135.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 3.00 Certificate of Status (Optional)

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