

Apr. 1 2023 10:08 AM
4/1/23, 10:08 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230001231773ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ATESIANO TAX SERVICES
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

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

Email Address: Gerzencano05@gmail.com

FLORIDA LIMITED LIABILITY CO.
IRIS SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2023 APR -3 AM 3:16

H230001231773

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Iris Service 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:

747 NW 28 AVE

Same

MIAMI FL 33125

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:

Green Box Tax Services Inc

Name

15716 S Dixie Hwy Ste 211

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

Miami

FL

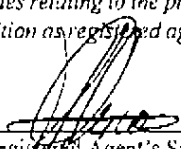
33157

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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Erica I Moreno

747 NW 26 AVE

MIAMI FL 33125

AMBR

Marvin Mendoza Pelaez

747 NW 26 AVE

MIAMI FL 33125

(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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Erica I Moreno

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Erica I Moreno

Typed or printed name of signer

Apr. 1. 2023 10:22PM

No. 0637 P. 4/4

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FLORIDA DEPT OF STATE
Division of Corporation

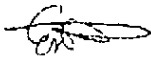
03/31/2023

Subj: IRIS Service LLC name release

To whom it may concern:

This letter of name release is for entity name regarding document # L20000158409, in association with the entity's admin dissolutions. I have no intention of reinstating; therefore, you may release "IRIS Service LLC" for use to another Florida entity.

Kind Regards,



Erica Moreno
Member

2023 APR -3 AM 3:17
FALLAH ASSIT. FLORIDA