

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print the page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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9-23-24



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To:

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

From:

Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

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

Email Address: \_\_\_\_\_

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STATE  
OFFICE  
TALLAHASSEE, FL

**FLORIDA LIMITED LIABILITY CO.  
IRIS ENTERPRISES GROUP LLC**

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: IRIS ENTERPRISES GROUP LLC  
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:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
1425 37TH STREET, SUITE 201  
Address  
BROOKLYN, NY 11218  
City/State and Zip Code  
sales@fileacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara 718 878-5811  
Name of Person at (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

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

Street Address

New Filing 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:

IRIS ENTERPRISES GROUP 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:**

11920 NW 24TH STREET  
PLANTATION, FL 33323

**Mailing Address:**

11920 NW 24TH STREET  
PLANTATION, FL 33323

**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:

FILE RIGHT RA SERVICES LLC

Name

625 E TWIGGS ST, STE 110

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

TAMPA

FL

33602

City

State

Zip

SECRETARY OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FL

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*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.*

/ s / Mark Fuchs

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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OFFICE OF THE CLERK  
STATE OF FLORIDA  
COUNTY OF BROWARD