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CT CORP

(850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

12/05/2024

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Name:	IRC West Fund LLC
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Thank you!

COVER LETTER

TO:	New Filing Section Division of Corporation	PIS				
SUBJE	IRC West Fund LL					
	Name of Limited Liability Company					
The enc	losed Articles of Organiz	ation and fee(s) a	are submitted	for filing.		
Please r	eturn all correspondence	concerning this n	natter to the	following:		
	Jennifer Vinciguerra					
			Name of	Person		
	Fox Rothschild LLP					
			Firm/Co	mpany		
	2800 Kelly Rd., Ste.	200				
			Addr	ess		
	Warrington, PA 1897	6				
	bshirzad@clinegrp.cor		City/State an	d Zip Code		
			d for future a	nnual report notificat	ion)	
For further	r information concerning	this matter, pleas	se call:			
	John Catalano		86	501-7360		
	Name of Person			Daytime Telephon	e Number	
Enclosed	is a check for the follow	ing amount:				
≡ \$125.0).00 Filing Fee & cate of Status	Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres New Filing Secti Division of Corp P.O. Box 6327	on	,	Street Address New Filing Section Di The Centre of Tallaha 1415 N. Monroe Stree	ssee	

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

IRC West Fund LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")					
		., , -	, ,		
ARTICLE II - Address:					
The mailing address and stree	et address of the principal offi	ce of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
1061 E. Indiantow	vn Rd., Suite 204-206	1061	E. Indiantown Rd., Suite 204-206		
Jupiter, FL 33477			Jupiter, FL 33477		
The Limited Liability Compa	Agent, Registered Office, & any cannot serve as its own Roan active Florida registration.	egistered Agent. \	You must designate an individual or		
(The Limited Liability Compa another business entity with a	any cannot serve as its own Ri an active Florida registration.	egistered Agent. \)	You must designate an individual or		
(The Limited Liability Compa another business entity with a	any cannot serve as its own Ri an active Florida registration. bet address of the registered ag Brian Shirzad	egistered Agent. \)	You must designate an individual or		
(The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its own Ri an active Florida registration. bet address of the registered ag Brian Shirzad	egistered Agent. \) gent are:	You must designate an individual or		
(The Limited Liability Compa another business entity with a	any cannot serve as its own Ro an active Florida registration. bet address of the registered ag Brian Shirzad	egistered Agent. V gent are: Name Suite 204-206	You must designate an individual or		
(The Limited Liability Compa another business entity with a	any cannot serve as its own Ri an active Florida registration. The et address of the registered against Shirzad 1061 E. Indiantown Rd	egistered Agent. V gent are: Name Suite 204-206	You must designate an individual or		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

 $Y = \{x_1, x_2, \dots, x_n\} = \emptyset$

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Stephen Spalding 1061 E. Indiantown Rd., Suite 204-206 Juniter, FL 33477
MGR	Brian Shirzad 1061 E. Indiantown Rd., Suite 204-206 Jupiter, Fl. 33477
(Use attachment if necessary)	
(If an effective date is listed, the date must be sp the date of filing.)	e of filing:
the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed at of State's records.
Qualified Opportunity Zone Business to be know	lified Opportunity Zone Property, through the investment in a one ration and operation
of real property located in the City of Fellsmere,	Indian River County, Florida.
REQUIRED SIGNATURE:	
This document is execu I am aware that any fals	ember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b), Florida Statutes, c information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Brian Shirzad	
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

LORETARY OF STATE

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