# 1/16000002679

| (Re                     | equestor's Name)   |             |  |  |  |
|-------------------------|--------------------|-------------|--|--|--|
| (Address)               |                    |             |  |  |  |
| (Ad                     | ldress)            |             |  |  |  |
| (Cit                    | ty/State/Zip/Phon  | e #)        |  |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |  |
| (Bu                     | ısiness Entity Naı | me)         |  |  |  |
| (Document Number)       |                    |             |  |  |  |
| Certified Copies        | _ Certificate      | s of Status |  |  |  |
| Special Instructions to | Filing Officer:    | ·           |  |  |  |
|                         |                    |             |  |  |  |
|                         |                    |             |  |  |  |
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Office Use Only



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# **COVER LETTER**

| TO:  | Registration Section Division of Corporations   |                                      |   |  |  |  |  |
|--|---|--------------------------------------|---|--|--|--|--|
| SUBJ   | 3150IRIS106, LLC  |                                      |   |  |  |  |  |
| 3020   |   | of Limited Liability (               | Company   |  |  |  |  |
|  | sclosed "Application by Foreign Limited Liability Conce, and check are submitted to register the above re |                                      |   |  |  |  |  |
| Please   | return all correspondence concerning this matter to   | the following:                       |   |  |  |  |  |
|  | Michael Angelo Tamburrino   |                                      |   |  |  |  |  |
|  | <del></del>   | Name of Person                       |   |  |  |  |  |
| Firm/Company   |   |                                      |   |  |  |  |  |
|  | 1546 Resthaven Way  |                                      |   |  |  |  |  |
|  |   | Address                              |   |  |  |  |  |
|  | The Villages, FL 32163  |                                      |   |  |  |  |  |
|  | Cit   | ty/State and Zip Code                |   |  |  |  |  |
|  | miketamburrino@yahoo.com  |                                      |   |  |  |  |  |
|  | E-mail address: (to be  | used for future annual               | report notification)  |  |  |  |  |
| For fu   | rther information concerning this matter, please call:  | :                                    |   |  |  |  |  |
| Michael Angelo Tamburrino  |   | 303<br>at (                          | 809-3284  |  |  |  |  |
|  | Name of Contact Person  | Area Code                            | Daytime Telephone Number  |  |  |  |  |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 |   |                                      | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |
| Enclos   | sed is a check for the following amount:  □ \$125.00 Filing Fee  Certificate of Status                    | & □ \$155.00 Filin<br>Certified Copy | g Fee & \$\Bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy   |  |  |  |  |

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS. IN THE STATE OF FLORIDA:

| COMPANYTO TRANSACT BU                                    | SINESS IN THE STATE OF  | FFLORIDA:   |   |  |
|--|---|---|---|--|
| 3150IRIS106, LLC   |   |   |   |  |
| (Name of Fore  | ign Limited Liability Con   | npany; must include "Lim                            | ited Liability Company," "L.L.C                                 | c.," or "LLC.")  |
| Liability Company," "L.L.C,"                             |   | the purpose of transacting                          | business in Florida. The alterna                                | te name must include "Limited  |
| 2. State of Colorado                                     |   | 3.  |   |  |
| (Jurisdiction under the law company is organized)        | of which foreign limited li   | iability  | (FEI number, if appli   | cable)   |
| 4. April 1, 2016   |   |   |   |  |
|  | (Date first transactions 605.09   | cted business in Florida, if                        | f prior to registration.) etermine penalty liability)           |  |
| 5. 1546 Resthaven Way                                    |   |   |   |  |
| The Villages, FL 3216                                    |   |   |   | THE ELECTIONS OF THE STATE OF T |
|  | (Street A   | ddress of Principal Office                          | :)  |  |
| 6. 1546 Resthaven Way                                    |   |   |   |  |
| The Villages, FL 3216                                    |   |   |   |  |
|  |   | (Mailing Address)                                   |   | 9.   |
| 7. Name and street addres                                | s of Florida registered a   | agent: (P.O. Box NOT                                | `acceptable)  |  |
|  | Michael Angelo Tam  |   | _ , ,   |  |
| Name:  |   |   |   |  |
| Office Address:  | 1546 Resthaven Way  |   |   |  |
|  | The Villages  |   | , Florida 32163   |  |
|  |   | (City)  | (Zip cod  | le)  |
| designated in this applicate to complywith the provision | gistered agent and to a<br>tion, I hereby accept th<br>ons of all statutes relati | e appointment as regis<br>ive to the proper and &   | stered agent and agree to act                                   | l liability company at the place<br>in this capacity. I further agree<br>duties, and I am familiar with and  |
| accept the obligations of i                              | ny position as registere  | ed agent.   |   |  |
|  | Lung.   | Deed you  | tome  |  |
|  | **  | (Registered agent's sk                              | pature)   |  |
| 8. The name, title or capa                               | icity and address of the  | person(s) who has/have                              | e authority to manage is/are:                                   | ,  |
|  | _   |   | -51140  |  |
| MCHAEL   | ANGELO  | TAMBU   | ZEINO - OW  | nav/mar  |
|  |   |   |   |  |
|  |   |   |   |  |
|  |   |   |   | <del></del>  |
|  |   |   |   | iving custody of records in the ion of the certificate under oath  |
| of the translator must be su                             | ıbmitted)   | -~ ~  |   |  |
| Ì  | Line  | IN COR  |   | •  |
|  |   | Signature of an authorize                           | ed person   |  |
| This document is executed submitted in a document to     | in accordance with sec<br>the Department of Stat                                  | tion 605.0203 (1) (b), Fite constitutes a third der | Florida Statutes. I am aware the gree felony as provided for in | nat any false information s.817.155, F.S.  |

Typed or printed name of signee

Michael Angelo Tamburrino

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

# CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

3150Iris106.llc

### is a

## Limited Liability Company

formed or registered on 01/18/2005 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20051028386.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 03/25/2016 that have been posted, and by documents delivered to this office electronically through 03/29/2016 @ 07:40:24.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 03/29/2016 @ 07:40:24 in accordance with applicable law. This certificate is assigned Confirmation Number 9572706



Mayra N. Williams

Secretary of State of the State of Colorado

\*\*\*\*End of Certificate\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."