

31000014346

_____ (Requestor's Name)

_____ (Address)

_____ (Address)

_____ (City/State/Zip/Phone #)

PICK-UP WAIT MAIL

_____ (Business Entity Name)

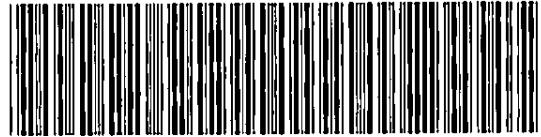
_____ (Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2100140558 JHC

Office Use Only



900374859859

FILED

2021 OCT 27 PM 2:28

STATE OF FLORIDA

2021 OCT 22 PM 4:27
SACRAMENTO, CALIFORNIA
FALLAHASSEE, FLORIDA

RECEIVED

S. HAWKES
OCT 27 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2021

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: IRS STREET VENTURES, LLC
Ref. Number: W21000140558

We have received your document for IRS STREET VENTURES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

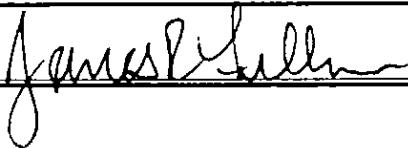
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 621A00025896

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$160.00

Authorized Signature: 

Iris Street Ventures , LLC
Corporation Name

Document Number, (if known):

Certified copy

Pick up time _____

Certificate of Status

Will wait

NEW FILINGS

Profit

Not for Profit

Limited Liability

Domestication

Other

CORP

AMMENDMENTS

Amendment

Resignation of R.A.

Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Correction

OTHER FILINGS

Annual Report

REGISTRATION/QUALIFICATIONS

Fictitious Name

Foreign filing

APOSTIL () _____

Limited Partnership

Country

Reinstatement

Other

EXAMINER'S INITIALS: _____

**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 BUSINESS IN THE STATE OF FLORIDA:

1. Iris Street Ventures, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

LPEISV, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

Delaware

46-0764230

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

1/1/21

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

1499 Shotwell Street

2370 Market Street, Suite 241

5. (Street Address of Principal Office)

6. (Mailing Address)

San Francisco, CA 94110

San Francisco, CA 94114

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Langley Eide

Office Address: 340 Little Harbour Lane

Naples. 34102
(City) Florida (Zip code)

2021 FEB 27 PM 2:29
RECEIVED
FLORIDA
STATE
AGENCY
FL

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Langley Eide

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Langley Eide	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 340 Little Harbour Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Naples, FL 34102	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Langley Eide

Signature of an authorized person

Langley P Eide

Typed or printed name of signee

Delaware

Page 1

The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "IRIS STREET VENTURES,
LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF AUGUST, A.D.
2012, AT 10 O'CLOCK A.M.*



Jeffrey W. Bullock, Secretary of State

5196004 8100
SR# 20213584465



You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204482800
Date: 10-22-21