118000013091

(Requestor	's Name)
(Address)	
(Address)	
(City/State)	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer:

W18000001864



600320768736

11/19/18--01024--005 **78.75



COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

IRIS Lendin SUBJECT:	ng Library for the Blind INC.		
	(PROPOSED CORPO	DRATE NAME – <u>MUST IN</u>	<u>CLUDE SUFFIX</u>)
Enclosed is an original	and one (1) copy of the Art	icles of Incorporation and	a check for :
☐ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate
FROM:	Jane FairallNan	ne (Printed or typed)	-
	13846 Atlantic Blvd #904	Address	-
	Jacksonville, FL 32225		_
		City, State & Zip	-

904 891-7529

billjulia85@gmail.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 26, 2018

JANE FAIRALL 13846 ATLANTIC BLVD #904 JACKSONVILLE, FL 32225

SUBJECT: IRIS INC

Ref. Number: W18000101864

We have received your document for IRIS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L16000076856-IRIS LLC,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 818A00024029

New Filings Section

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the	NAME IRIS Lending Lite corporation shall be:	orary for the Blind II	NC.	
ARTICLE II	PRINCIPAL OFFICE			
9501	Principal <u>street</u> address: Arlington Expressway		Mailing address, if different is	s:
Suite	225			
Jacks	sonville, FL 32225			
	PURPOSE r which the corporation is organized is: tion is organized exclusively for cha			
	tion 501-(c) (3) of the Internal Rever			
Tax Code. It	shall be a lending library for the visi	ually impaired.	· · · · · · · · · · · · · · · · · · ·	
wh				
		· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV	MANNER OF ELECTION The ma		ectors are elected and appointed:	
Name and Title	Julia Neimes President	Name and Title	Fred Peter Guilmette Director	
Address	4142 Old Mill Cove Trail West	Address:	189 Magnolia Street	
	Jacksonville, FL 32277		Atlantic Beach, FL 32233	
Name and Title	Paul Kurtz Director	Name and Title		
Address			·•	
7 Iddi Coo	4650 Knottingham Rd.		:	
	4650 Knottingham Rd. Jacksonville, FL 32210	Address:		
Nome - 1 min	Jacksonville, FL 32210	Address:		2018
Name and Title	Jacksonville, FL 32210	Address: Name and Title	3-	2018
Name and Title	Jacksonville, FL 32210 Jane Fairall Director	Address:		2018

Name and Title:_	Name and Title:
Address	Address:
_	<u> </u>
_	
Name and Title:_	Name and Title:
Address	Address:
_	
_	
ARTICLE VI 1	REGISTERED AGENT
	orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Julia Neimes
Address:	4142 Old Mill Cove Trail West
Audress:	Jacksonville, FL 32277
	Jackson Ville, I L J22/1
Name:	dress of the Incorporator is: Jane Fairall
Address:	13846 Atlantic Blvd. 904
	Jacksonville, FL 32225
Effective date, if could an effective date. Note: If the date	ther than the date of filing: January 1 2019 (OPTIONAL) ate is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
aocument's effect	ive date on the Department of State's records.
Having been nam	ned as registered agent to accept service of process for the above stated corporation at the place designated in amiliar with and accept the appointment as registered agent and agree to act in this capacity
Having been nam certificate, I am fa	ned as registered agent to accept service of process for the above stated corporation at the place designated in

. . . .

Article IX

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.