

P060000015916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

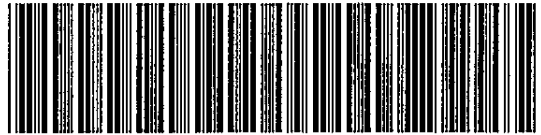
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: SHAMROCK CORP. of DESTIN, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL P. MCELROY
Name (Printed or typed)

484 E. CARMEL DR.
Address

CARMEL, IN 46032
City, State & Zip

317-574-0570
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SHAMROCK CORP. of DESTIN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

484 E. CARMEL DR.
CARMEL, IN 46032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL FRANCHISE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MICHAEL P. McELROY - PRESIDENT
484 E. CARMEL DR.
CARMEL, IN 46032

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

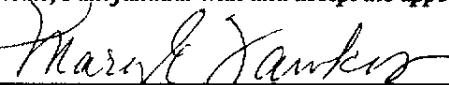
MARY FAWKES
1111 BRICKELL AVE., STE. 2920
MIAMI, FL. 33131

ARTICLE VII INCORPORATOR

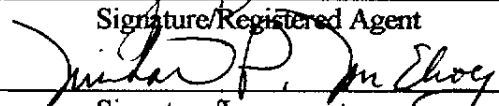
The name and address of the Incorporator is:

MICHAEL P. McELROY
484 E. CARMEL DR.
CARMEL, IN 46032

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

MICHAEL P. McELROY

1/27/06
Date

1/26/06
Date

FILED
06 JAN 30 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA