

F04000002860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies

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Certificates of Status

1

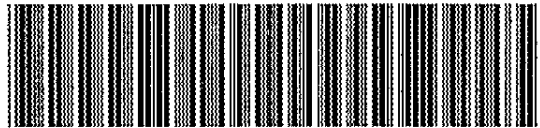
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04 MAY 17 2004

05/17/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHAMROCK MOVING & STORAGE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANDREA ARNOLD
(Name of Person)
SHAMROCK MOVING & STORAGE, INC.
(Firm/Company)
734 SMITH BOWEN RD
(Address)
GALLOWAY, NJ 08205
(City/State and Zip code)

For further information concerning this matter, please call:

ANDREA ARNOLD at (609) 748-9661
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

IN COMPLIANCE WITH SECTION 607.1505, F.L.A.S. 1995, I HEREBY CERTIFY THAT I AM REGISTERING A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SHAMROCK MOVING & STORAGE, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-379-1546

(FEI number, if applicable)

4. 3/22/01

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 734 SMITH BOWEN RD. GALLOWAY, NJ 08205

(Principal office address)

(SAME)

(Current mailing address)

8. EXPANDING BUSINESS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: MARK JAMESON

Office Address: 491 N. FEDERAL HIGHWAY BUILDING C-5, SUITE 322

BOCA RATON

(City)

, Florida 33487

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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04 MAY 17 AM 10:31

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: ANDREA ARNOLD

Address: 734 SMITH BOWEN RD

GALLOWAY, NJ 08205

Vice President: _____

Address: _____

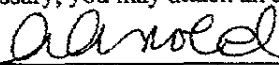
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. ANDREA ARNOLD, PRESIDENT

(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SHAMROCK MOVING & STORAGE, INC.

100846286

With the Previous or Alternate Name

SHAMROCK MOVING (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 22, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

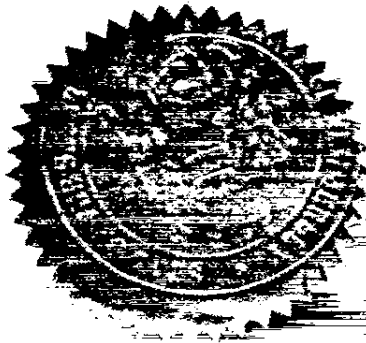
Joel M Fleishman Esquire
1001 Tilton Road
Suite 203
Northfield, NJ 08225 0000

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SHAMROCK MOVING & STORAGE, INC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
6th day of May, 2004



A handwritten signature in dark ink, appearing to read "John E. McCormac".

John E McCormac, CPA
State Treasurer