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(Add	lress)			
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PICK-UP	WAIT	MAIL		
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S. HAWKES MAR - = 2021

COVER LETTER

ΓO: Registration Section Division of Corporations	
SUBJECT: SHAMROCK BUILDERS INC	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation 'Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	
Please return all correspondence concerning this ma	atter to the following:
William Gregory O'Herren	
Name	of Person
SHAMRCOK BUILDERS INC	
Firm/C	Company
9800 Westpoint Dr, Suite 200	
A	ddress
Indianapolis, IN 46256	
City/Sta	te and Zip code
Emily.Franklin@ShamrockBuilders.com	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
Emily Franklin at (317	Code Daytime Telephone Number
Name of Person Area (Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMI \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

SHAMRO	OCK BUILDERS INC			
	ne of corporation; must include "INCORPORATED o.," "Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
SHAMRO	OCK SELF STORAGE NAPLES INC			
(If name u	navailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Flo	rida)	
2. INDIANA	3	35-1298876		
	country under the law of which it is incorporated)	(FEI number, if applicable).	, if applicable) .	
4. 5/22/1973	5	N/A		
	(Date of incorporation)	(Date of duration, if other than perpetual)		
6. N/A				
7. 9800 Westp	point Dr, Suite 200 Indianapolis, IN 46256 (Principal of	fice <u>street</u> address)		
	(Current maili	ng address, if different)		
8. Name and Nan Office Addre	601 Sequiew Ct		,	
	Marco Island	, Florida 34145		
	(City)	(Zip code)		

9. 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)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			. ,		
□ Chairman	William Gregory O'Herren Name:	□Chairman	George R Geiger Name:		
□Vice Chairman	Address: 9800 Westpoint Dr, Suite200	□ Vice Chairman	Address: 9800 Westpoint Dr, Suite 200		
□Director	Indianapolis, IN 46256	□Director	Indianapolis, IN 46256		
'SPresident		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	□Treasurer		
Other	□ Other	□Other	Other		
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
Secretary	Treasurer	Secretary	□Treasurer		
□Other	□ Other	□Other	Other		
Chairman	Name:	□Chairman	Name:		
□ Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	Treasurer	□Secretary	□Treasurer		
Other	Other	□Other	Other		
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of	nt of State Annual Re	eport form.		
	Signature of Director of	r Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.					
13	(Typed or printed name and capacity of person	Herien			
	(Typed or printed name and capacity of personal capacity)	on signing application	1)		

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SHAMROCK BUILDERS INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 22, 1973, and was in existence or authorized to transact business in the State of Indiana on February 24, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 24, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

197305-416 / 20222452699

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on March 26, 2022.