# F97000006374

#### TRANSMITTAL LETTER

7 1	diffication/Tax Lien Section ision of Corporations  DAVID W. IRISH CO., INC.					
SUBJECT	(Name of corporation - must include suffix)					
Dear Sir or	1 UUUU2361661					
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Business in Florida", of Existence", and check are submitted to register the above referenced foreign corporation to iness in Florida.					
Please return	n all correspondence concerning this matter to the following:					
	DAVID W. IRISH					
	(Name of Person)					
	DAVID W. IRISH CO., INC.					
	(Firm/Company)					
	3479 SW SUNSET TRACE CIRLE					
	(Address) PALM CITY, FL 34990					
	(City/State/Zip)					
Should you	need to call someone concerning this matter, please call:					
	. ST. AMOUR, CPA at ( 315 ) 422-1391					
(N	ame of Person) (Area Code & Daytime Telephone Number)					

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

el.

SECRETARY OF STATE DIVISION OF CORPORATIONS

### 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.

··	V. IRISH CO., INC. ration; must include the word "INC	ODDOD ATEI	" "COMPANY" "	COPPOR ATION?	or	<u>.                                    </u>
	rations of like import in language a					
	r partnership if not so contained in			_		
. NEW YOU			•			
(State or country	under the law of which it is incorp		•	number, if applical	ole)	
12/27/8			Year corp. will cea			
(Dat	e of incorporation)	(Duration:	Year corp. will cea	se to exist or perp	etual <sup>3</sup> )	
12/07/	¥ 8/1/97					
(Date first	transacted business in Florida.) (SE	EE SECTIONS	S 607.1501, 607.150.	2 and 817.155, F.S	)	
3479 St	V SUNSET TRACE CIRCLE					
PALM C	ITY, FL 34990					
		mailing addres	rs)			_
	•	J				
CONSULT	TING SERVICES				-	<u>-</u>
(Purpose(	s) of corporation authorized in hom	e state or cou	ntry to be carried out	in state of Florida	ı)	<del></del> -
Name and str	eet address of Florida registere	d agent: (P	O Box or Mail Dr	on Box NOT acc	entable)	
,	•	a agosso (x .		op 2011 <u>110 1 </u> 000	оршого	
Name:	DAVID W. IRISH		<u> </u>		:	<b>(7</b>
Office Address:	3479 SW SUNSET TRACE C	IRCLE			97	35/¥(8
	PALM CITY		3499	90 _		<u> </u>
			, Florida,		မ်	937
			(\overline{\substanta} \overline{\begin{array}{c} \overline{\substanta} \overl	<u>code)</u>	3	
10. Registered agent's acceptance:				ST ST		
Toring kasu usus	od an accidenced account and to account					ATE.
taving been name n this application,	d as registered agent and to accept I hereby accept the appointment a	: service of pro is registered a	ocess for the above s gent and agree to ac	tatea corporation ( 1 in this capacity,	at the place o I further ago	iesignate ree to
omply with the pr	ovisions of all statutes relative to th	he proper and	complete performa	nce of my duties, a	nd I am fam	iliar with
na accept the obli	gations of my position as registered	d agent.		-		
	to do					

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)
Chairman: _	· · · · · · · · · · · · · · · · · · ·
Address:	
Vice Chairm	an:
Address:	
Director:	
Address:	
Director:	
B. OFFICE	ERS (Street address only - P.O. Box NOT acceptable)
Precident:	DAVID W. IRISH
	3479 SW SUNSET TRACE CIRCLE
Address:	
	PALM CITY, FL 34990
Vice Presider	nt:
Address:	
_	
Secretary:	
11441 655.	
Treasurer:	
Address:	·
NOTE: If n	ecessary, you may attach an addendum to the application listing additional officers and/or directors.
13.	
<u> </u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	DAVID W. IRISH, PRESIDENT
	(Typed or printed name and capacity of person signing application)

## State of New York Department of State

I hereby certify, that the certificate of incorporation of DAVID W. IRISH CO., INC. was filed on 12/27/1989, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of November one thousand nine hundred and ninety-seven.

Special Deputy Secretary of State

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