

L080000056412

(Requestor's Name)

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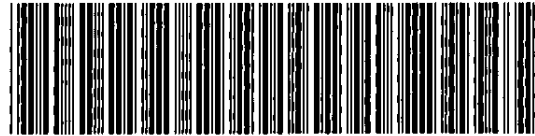
(Business Entity Name)

(Document Number)

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FILED
08 JUN -9 PM 2:15
TALLAHASSEE, FLORIDA

06/03/08--01006--021 **125.00

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DEPARTMENT OF STATE
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B. KOHR

JUN - 9 2008

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 06/09/2008

REF. #: 000153.88151

CORP. NAME: IRISHTOWN, LLC

FILED
08 JUN -9 PM 2:45
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 526368 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
IRISHTOWN, LLC
a Florida Limited Liability Company**

FILED
08 JUN - 9 PM 2:15
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME**. The name of the Limited Liability Company is Irishtown, LLC (the "Company").

2. **MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE**. The mailing and street address of the principal office of the Company is: 89 South Street Seaport, Pier 17, 3rd Floor, New York, New York 10038.

3. **REGISTERED AGENT**. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, FL 32301.

The undersigned has executed these Articles of Organization on the 9 day of June, 2008.

IRISHTOWN, LLC

By: _____

Austin O. Delaney, Manager

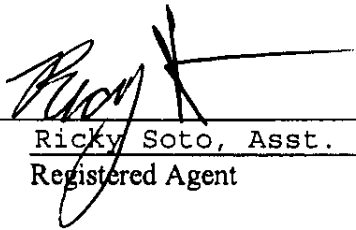
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Irishtown, LLC.
2. The name and address of the registered agent and office is: CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, FL 32301.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:



Ricky Soto, Asst. Secretary
Registered Agent

06/09/2008

(Date)