



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000097291 3)))



H190000972913ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

\*\*\*PLEASE PROVIDE  
THE ORIGINAL  
SUBMISSION DATE OF  
3/21/19\*\*\*

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

\*\*\*PLEASE PROVIDE  
THE ORIGINAL  
SUBMISSION DATE OF  
3/21/19\*\*\*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SHAMROCK PROPERTIES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2019 MAR -5 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED

\*\*\*PLEASE GIVE 3/21/19 AS THE FILE DATE - I TRIED TO SUBMIT YESTERDAY BUT YOUR SYSTEM WAS DOWN.\*\*\*\*\*

2019 MAR 5 PM 12:06



March 25, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SHAMROCK PROPERTIES, LLC  
REF: W19000029052

\*\*\*PLEASE PROVIDE THE ORIGINAL  
SUBMISSION DATE OF 3/21/19\*\*\*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000084474.

If you have any further questions concerning your document, please call (850) 245-6052.

Rochelle E Kemple  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H19000097291  
Letter Number: 819A00005807

H19000113137 3

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: Shamrock Property Holdings, LLC.**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Coan  
Name of Person

---

Shamrock Property Holdings  
Firm/Company

---

2902 Captains Way  
Address

---

Jupiter, FL 33477  
City/State and Zip Code

---

jcoan61@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Coan at ( 516 ) 662-4750  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
 2019 MAR -5 AM 9:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

H19000113137 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shamrock Property Holdings, LLC.

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

2902 Captains Way

Jupiter, FL 33477

2902 Captains Way

Jupiter, FL 33477

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

James Coan

Name

2902 Captains Way

Florida street address (P.O. Box NOT acceptable)

Jupiter

FL

33477

City

State

Zip

*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 this 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 as provided for in Chapter 605, F.S..*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

H19000113137 3

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

**Name and Address:**

James Coan

2902 Captains Way

Jupiter, FL 33477

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

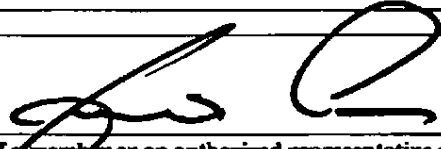
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

James Coan

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)