

M 15000006269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269326491

02/12/15--01020--007 **125.00

FILED
15 AUG -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 10 2015

J SHIVERS

647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2015

CHRISTINE FRIES
2646 SW MAPP RD STE 203
PALM CITY, FL 34990

SUBJECT: SHAMROCK MORTGAGE CO LLC
Ref. Number: W15000012226

We have received your document for SHAMROCK MORTGAGE CO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00003509

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHAMROCK MORTGAGE CO LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

CHRISTINE E FRIES

Name of Person

CPA ASSOCIATES LLP

Firm/Company

2646 SW MAPP RD STE 203

Address

PALM CITY FL 34990

City/State and Zip Code

CFRIES@CPA-ASSOCIATESLLP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE FRIES

Name of Contact Person

at (**772**) **288-3797**

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **SHAMROCK MORTGAGE CO LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **SOUTH CAROLINA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **47-2826003**

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1007 N FEDERAL HWY #D1**

FORT LAUDERDALE FL 33304

(Street Address of Principal Office)

6. **1007 N FEDERAL HWY #D1**

FORT LAUDERDALE FL 33304

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

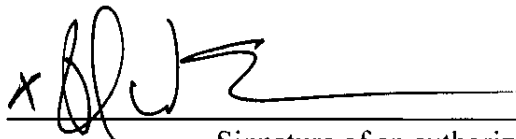
PHILLIP W SHANNON, SOLE MEMBER

1007 N FEDERAL HWY #D1

FORT LAUDERDALE FL 33304

FILED
15 AUG -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

PHILLIP W SHANNON

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SHAMROCK MORTGAGE CO LLC

If unavailable, the alternate to be used in the state of Florida is:

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

PHILLIP W SHANNON

(Name)

1007 N FEDERAL HWY #D1

Florida Street Address (P.O. Box NOT ACCEPTABLE)

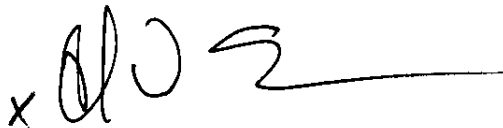
FORT LAUDERDALE

33304

FL

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, Florida Statutes.

x 

(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
15 AUG -7 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:

SHAMROCK MORTGAGE CO. "LLC", a limited liability company duly organized under the laws of the State of South Carolina on February 1st, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C.Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

15 AUG - 7 AM 11:17
SECRETARY OF STATE
ALLAHASSIE, FLORIDA

Given under my Hand and the Great Seal of the State of South Carolina this 24th day of July, 2015.

Mark Hammond
Mark Hammond, Secretary of State