

Ma1000009130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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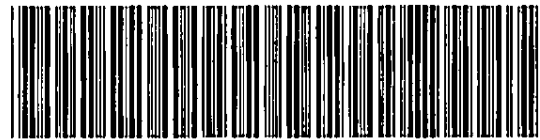
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

YS
7/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shamrock Wings 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:

John Mlinarcik
Name of Person

Shamrock Wings LLC
Firm/Company

15 Spinning Wheel Ct. Suite 110
Address

Hinsdale, IL 60521
City/State and Zip Code

john.m@shamrocktbc.com
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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For further information concerning this matter, please call:

John Mlinarcik 630 655-8274 x311
Name of Contact Person at () Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 TRANSACT BUSINESS
IN FLORIDA

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

1. Shamrock Wings 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-4042704
(FEI number, if applicable)

4. 7/1/21
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Shamrock TBC, Inc.
(Street Address of Principal Office)

6. Shamrock TBC, Inc.
(Mailing Address)

15 Spinning Wheel Ct. Suite 110
Hinsdale, IL 60521

15 Spinning Wheel Ct. Suite 110
Hinsdale, IL 60521

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

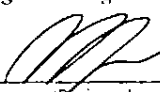
Name: Daniel McGue

Office Address: 622 S Owl Drive

Sarasota 34236
(City) , Florida (Zip code)

Registered agent's acceptance:

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 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)

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CLERK OF DISTRICT COURT
JUL 12 2021
CLERK OF DISTRICT COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Daniel McGue

☒ Member Address: 622 S Owl Drive

☐ Authorized Sarasota, FL 34236

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Theodore Wilkins

☐ Member Address: 4404 S Ferncroft Ave

☒ Authorized Tampa, FL 33609

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: John Wilkins

☒ Member Address: 4404 S Ferncroft Ave

☐ Authorized Tampa, FL 33609

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John Mlinarcik

☐ Member Address: 15 Spinning Wheel Ct.

☒ Authorized Suite 110 La Grange, IL 60525

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Signature of an authorized person

Daniel McGue

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SHAMROCK WINGS, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHAMROCK WINGS,
LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.

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JUL 12 2021
SECRETARY OF STATE
DELAWARE



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SR# 20212634986

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203607850

Date: 07-06-21