TRANSMITTAL LETTER

P00000011202

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Shamrock Services, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Terrance M Whelan

Name (Printed or typed)

289 Brookline Ave

Address

Daytona Beach, Fl   32118

City, State & Zip

904-248-2111

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 JAN 27 AM 8: 08
FILED

NOTE: Please provide the original and one copy of the articles.

2-2-00

' ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I   NAME
The name of the corporation shall be:

Shamrock Services, Inc.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

289 Brookline Ave
Daytona Beach, Fl   32118

ARTICLE III   SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Ten Thousand

ARTICLE IV   INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:

Terrance M Whelan
289 Brookline Ave
Daytona Beach, Fl   32118

ARTICLE V   INCORPORATOR
The **name and address** of the incorporator to these Articles of Incorporation are:

Lucianna Whelan
289 Brookline ave
Daytona Beach, Fl   32118

_____   __1/24/00_____
Signature/Incorporator   **Date**

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

_____   __01/24/00_____
Signature/Registered Agent   **Date**