

TRANSMITTAL LETTER

PO0000017309

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

SUBJECT: SHAMROCK SOCCER CAMPS Co.
(Proposed corporate name - must include suffix)

100003134521--7
-02/14/00--01093--002
*****78.75 *****78.75

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: JOHN LYNCH
Name (Printed or typed)

P.O. Box 1027
Address

St. AUGUSTINE FL 32085
City, State & Zip

904 829-6481 ext 254
Daytime Telephone number

FILED
00 FEB 14 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

S. Thompson FEB 17 2000

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 SOCCER CAMPS Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 1027
St. Augustine
FL 32085

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Lynch
154 Tanager Rd.
St. Augustine
FL 32086

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John Lynch
154 Tanager Rd.
St. Augustine
FL 32086

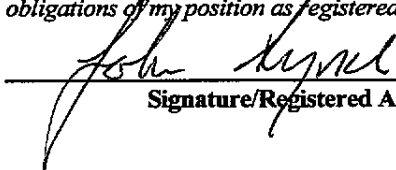


Signature/Incorporator

2/10/00
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



Signature/Registered Agent

2/10/00
Date

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TALLAHASSEE FLORIDA