

P918000418521

Requester's Name



Joseph McCormack
219 Hibiscus St.
Nokomis, FL 34275

City/State/Zip

Phone #

Office Use Only

SECRET
TALLAHASSEE
01 MAY 10 PM 3:43
FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #) 300004193823--1
-05/10/01--01105--002
*****78.75 *****78.75
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

5-15-01
MC

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:

CELTIC TAVERN INC.

ARTICLE II PRINCIPAL OFFICE

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

**219 HIBISCUS STREET
NOKOMIS, FL 34275**

ARTICLE III SHARES

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

1000 SHARES OF COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

**LINDA JUDD
2776 KILLIAN STREET
NORTH PORT, FL 34286**

ARTICLE V INCORPORATOR

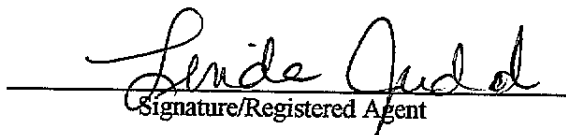
The name and address of the incorporator to these Articles of Incorporation are:

**JOSEPH & LAURA McCORMACK
219 HIBISCUS STREET
NOKOMIS, FL 34275**


Signature/Incorporator

5-4-01
Date

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

5-4-01
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA