## P04000153211

| (Re                     | equestor's Name)  |   |
|-------------------------|-------------------|---|
| (Ad                     | ldress)           | *************************************** |
| (Ad                     | idress)           | -                                       |
| (Cit                    | ty/State/Zip/Phon | e #)                                    |
| PICK-UP                 | ☐ WAIT            | MAIL                                    |
| (Bu                     | siness Entity Nar | ne)                                     |
| (Do                     | ocument Number)   |   |
| Certified Copies        | _ Certificates    | of Status                               |
| Special Instructions to | Filing Officer:   |   |
|                         |                   |   |
|                         |                   |   |
|                         |                   |   |

Office Use Only



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## TRANSMITTAL LETTER

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

| SHAMROCK CONSULTING              | , INC.  |  |
|----------------------------------|---|--|
| (PROPOSED CORPOR                 | ATE NAME – <u>MUST INCL</u>                         | UDE SUFFIX)  |
|                                  |   |  |
|                                  |   |  |
|                                  |   |  |
| inal and one (1) copy of the art | ticles of incorporation and                         | a check for:   |
| mai and one (1) copy of the and  |   |  |
| □ \$78.75                        | \$78.75   | \$87.50  |
|                                  |   | Filing Fee,  |
| & Certificate of Status          | & Certified Copy                                    | Certified Copy   |
|                                  | 1   | & Certificate of   |
|                                  |   | Status   |
|                                  | ADDITIONAL COPY REQUIRED                            |  |
|                                  |   |  |
| •                                |   |  |
|                                  |   |  |
|                                  | inal and one (1) copy of the art  \( \begin{align*} | inal and one (1) copy of the articles of incorporation and  \$78.75  Filing Fee  & Certificate of Status  PROPOSED CORPORATE NAME - MUST INCL  \$78.75  Filing Fee  & Certified Copy |

FROM: \_\_\_\_Joseph M. Ripley, Jr., Esquire

5515 Phillips Highway

Jacksonville, FL

(904) 737-5503

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

Name (Printed or typed)

Address

32207 City, State & Zip

Day time Telephone number

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SHAMROCK CONSULTING, INC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

3161 Secret Woods Trail West Jacksonville, FL 32216

ARTICLE III **PURPOSE** 

The purpose for which the corporation is organized is:

Consulting in the RR industry and any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$10.00 per share

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): President - Marianne Wilson

Secretary-Treasurer - Tommy L. Wilson

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph M. Ripley, Jr., Esquire 5515 Phillips Highway Jacksonville, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tommy L. Wilson 3161 Secret Woods Trail West Jacksonville, FL

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

2004

November 2, 2004

Date

November 2,

Date

JOSEPH M. RÎPLEY, JR.,

Signature/Incorporator TOMMY L. WILSON