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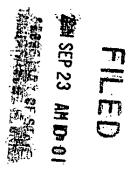
(Requestor's Name)					
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COVER LETTER

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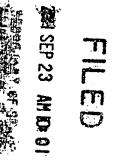
Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	COTTAGE IRISH PUBS INC.			
	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an	original and one (1) copy of the articles of incorporation and a check for:	1		
\$70.00 Filing Fo	\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
		<u></u>		
FROM:	: KATHLEEN MULIANEY Name (Printed or typed)			
	4308 CURRY FORD RD.			
	407 895-1555 /407 92758			
Daytime Telephone number Dintadublin. com				
	E-mail address: (to be used for future annual report notification)			

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

Dear sir/madam,

As the president of Cottage Irish Pubs Inc. I want it to be know that I have no intention of reinstating the corporation Cottage Irish Pubs Inc. P98000059515 located at 4308 Curry Ford Rd. Orlando Fl. 32806. Thank you. Kathleen Mulvaney 407 927 5827



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

The name of the c	Corporation shall be: CoTTAGE RIS	SH PUBS INC:	1
ARTICLE II	PRINCIPAL OFFICE Principal street address 4308 CURRY FORD RO. ORLANDO FL. 32806		dress, if different is:
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is:	THE SALE OIF FOO	D AND BEVERAGE
ARTICLE V	SHARES ares of stock is: 100. INITIAL OFFICERS AND/OR DIRE		
Name and T Address:	itle: KATHUEN MULIANEY 4308 CURRY FORD RD ORL FI 32806		
Name and T Address:	itle: JAMES MULVANEY 4 4308 CLURRY FORD R ORL FI 32806	Name and Title: Address:	
Name and T Address:	Title:	Name and Title: Address:	
	REGISTERED AGENT Orida street address (P.O. Box NOT accepta LATHLEEW MULUANA 4308 CLERRY FOR	o Ro	SEP 23 /
	INCORPORATOR INCORPORATOR dress of the Incorporator is: KATHLEEN MULYAN 4308 CUMY FORD		
Having been nam	ord as registered agent to accept service of produced as mailiar with and accept the appointment	as registered agent and agree to act	in this capacity
	Required Signature/Registered Agentument and affirm that the facts stated here	ein are true. I am aware that the fa	
wcument to the D	epartment of State constitutes a third degree	e jeiony as provided for in s.817.155,	9-20-201)