

P12000054988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

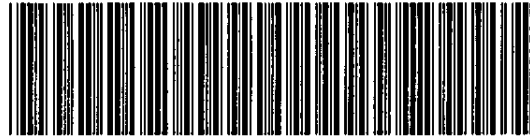
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NC CPT D



800235852298

06/18/12--01032--022 **70.00

FILED
12 JUN 18 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch JUN 19 2012

COVER LETTER

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

SUBJECT: Shamrock Paradise Ventures, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Susan K. Kelly
Name (Printed or typed)
6570 SW 56th St.
Address
Davie, FL 33314
City, State & Zip
954-791-5569
Daytime Telephone number
KellysAC@hotmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Shamrock Paradise Ventures, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
6570 SW 56th St.
Davie, FL 33314

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Internet Business; Online Sales and Marketing

FILED
12 JUN 18 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan K Kelly, President
Address: 6570 SW 56th St
Davie FL, 33314

Name and Title: _____
Address: _____

Name and Title: Robert B Kelly, Secretary
Address: 6570 SW 56th St
Davie FL, 33314

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Susan K Kelly
Address: 6570 SW 56th St
Davie FL, 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susan K Kelly
Address: 6570 SW 56th St
Davie FL, 33314

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

Susan K. Kelly

Required Signature/Registered Agent

6-1-12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Susan K. Kelly

Required Signature/Incorporator

6-1-12

Date