

PA000029954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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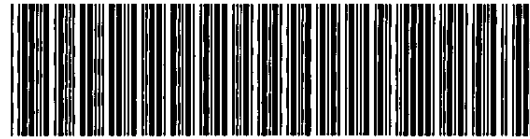
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/14--01013--003 **70.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: LUCKY LEPRECHAUN IRISH PUB 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: GEORGIANN BROWNE
Name (Printed or typed)
4983 BROOK RD.
Address
KISSIMMEE, FL 34758
City, State & Zip
407-421-3831
Daytime Telephone number
saloon 27 @ GMAIL . 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: LUCKY LEPRECHAUN IRISH PUBS inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

43356 US HWY 27
DAVENPORT FL
33837

Mailing address, if different is:

4983 BROOK RD.
KISSIMMEE FL.
34755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: sell products with in
the laws established by the state of
FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT, GEORGIANN BROWNE

Address 4983 BROOK RD
KISSIMMEE FL
34758

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Georgiann Browne

Address:

4983 BROOK RD
KISSIMMEE FL. 34758

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

GEORGIANN BROWNE

Address:

4983 BROOK RD
KISSIMMEE FL. 34758

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

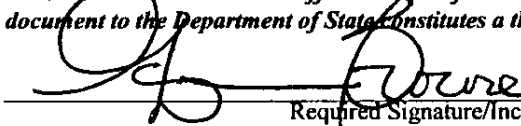


Required Signature/Registered Agent

3/31/14

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.



Required Signature/Incorporator

3/31/14

Date

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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