

P15000090373

(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



600278601666

10/30/15--01027--027 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 30 PM 2:13

HS

ch

COVER LETTER

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

SUBJECT: Irish Invasion 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: EDEL O' REILLY
Name (Printed or typed)

9655 Begonia Street
Address

Palm Beach Gardens, FL, 33410
City, State & Zip

561-667-9059
Daytime Telephone number

edeloreilly@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: Irish Invasion, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10971 N. Military trail
Palm Beach Gardens, FL, 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful
business.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 OCT 30 PM 2:13

ARTICLE IV SHARES

The number of shares of stock is: 10,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDEL O'REILLY

Name and Title: Hugh Jackson

Address 9655 Begonia St
Palm Beach Gardens
Florida 33410

Address: 2494 Monaco terrace
Palm Beach Gardens
Florida 33410

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: EDEL O' REILLY
Address: 9655 Begonia St
Palm Beach Gardens, FL, 33410

ARTICLE VII INCORPORATOR

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

Name: EDEL O' REILLY
Address: 9655 Begonia St
P.B.G, FL, 33410

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: NOVEMBER 1ST 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

EDEL O'Reilly

Required Signature/Registered Agent

10-21-15

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.

EDEL O'Reilly

Required Signature/Incorporator

10-21-15

Date