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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : DESIGNING ERIN LLC
Account Number : I20180000073
Phone : (305)621-2001
Fax Number : (754)400-8977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ERN@DESIGNINGERN.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
IRC3 Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: IRC3 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

↓ PAID IN FULL
W/ ELECTRONIC
FILING ACCOUNT

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Designing Erin LLC

Name (Printed or typed)

344 NE 2nd Court

Address

Dania, FL 33004

City, State & Zip

305-621-2001

Daytime Telephone number

lucky@luckygaming.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: IRC3 Inc

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

298 NE 181st Street

Miami FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James D. Fulford, President

Name and Title:

Address 298 NE 181st Street

Address:

Miami, FL 33162

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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 SECRETARY OF STATE
 TALLAHASSEE, FL

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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

Name: James D. Fulford

Address: 298 NE 181st Street

Miami, FL 33162

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: James D Fulford

Address: 298 NE 181st Street

Miami, FL 33162

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: October 1st, 2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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:*

[Signature]

Required Signature/Registered Agent

10/3/2018

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.

[Signature]

Required Signature/Incorporator

10/3/2018

Date