

P220 0003 2450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

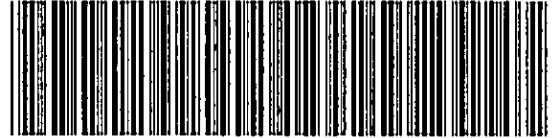
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

MAY - 2 2022

COVER LETTER

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

SUBJECT: IRISH ROSE Holdings, 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: Marilyn Gomez, CPA
 Name (Printed or typed)
6219 SW 21 ST.
 Address
Miami, FL 33155
 City, State & Zip
(786) 337-0052
 Daytime Telephone number
MARILYN0214@outlook.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 Rose Holdings, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
14265 NW 83 Path

Miami Lakes, Fl 33016

Mailing address, if different is:
same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Educational Consultation

ARTICLE IV SHARES

The number of shares of stock is: 500

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Victoria Flutie-Leon

Address: 14265 NW 83 Path Pres.
Miami Lakes, Fl 33016

Name and Title: Luis Leon, Vice-Pres.

Address: 14265 NW 83 Path
Miami Lakes, Fl 33016

Name and Title: Victoria Flutie-Leon,

Address: 14265 NW 83 Path Secretary
Miami Lakes, Fl 33016

Name and Title: Luis Leon, Treasurer

Address: 14265 NW 83 Path
Miami Lakes, Fl 33016

Name and Title: _____

Address: _____

Name and Title: _____

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: Luis Leon

Address: 14265 NW 83 Path

Miami Lakes, FL 33016

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Victoria Flutie-Leon

Address: 14265 NW 83 Path

Miami Lakes, FL 33016

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TALLAHASSEE, FLORIDA

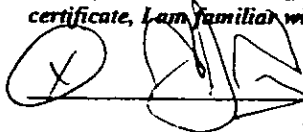
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.

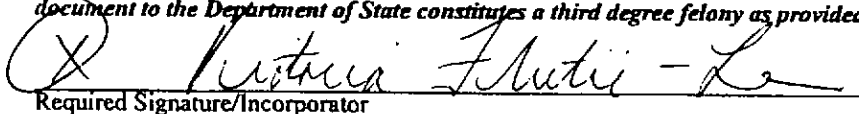
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3.29.22
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

3.29.22
Date