

P23000021978

(Requestor's Name)

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☐ PICK-UP

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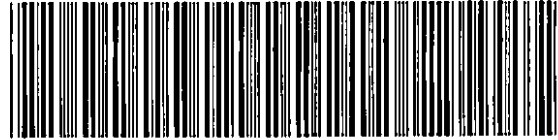
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

MS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

IRISH PROPERTY ADVISORS, INC.

Please Debit I20000000257 For: 70

Thank you Seth Neeley

X

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: Irish Property Advisors, 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: Arthur B D'Almeida, PA
Name (Printed or typed)

105 E. Palmetto Park Rd.
Address

Boca Raton, FL 33432
City, State & Zip

(561) 368-4674
Daytime Telephone number

dalmeidalaw@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: Irish Property Advisors, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

619 Lake Ave.
Lake Worth, FL 33460

Mailing address, if different is:

c/o Arthur B. D'Almeida
105 E. Palmetto Park Rd.
Boca Raton, FL 33432

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sean P. Downes P/T

Address: D

105 E. Palmetto Park Rd.
Boca Raton FL 33432

Name and Title: Tyler Eifert VP/S

Address: D

105 E. Palmetto Park Rd.
Boca Raton, FL 33432

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Arthur B. D'Almeida PA

Address: 105 E Palmetto Park Rd.
Boca Raton, FL 33432

ARTICLE VII INCORPORATOR

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

Name: Arthur B. D'Almeida

Address: 105 E. Palmetto Park Rd.
Boca Raton, FL 33432

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

Arthur B. D'Almeida

Required Signature/Registered Agent

3/23/23

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.

Arthur B. D'Almeida

Required Signature/Incorporator

3/23/23

Date

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FLORIDA