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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

S. CHATHAM  
DEC - 2 2024

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

Email Address: \_\_\_\_\_

RECEIVED  
2024 NOV 26 PM 3:24  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**IRB LARGO HOLDINGS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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**COVER LETTER**

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

H24000392738

SUBJECT: IRB LARGO 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ZACH BAIR  
Name (Printed or typed)

7496 WOOD RAIL COVE  
Address

MEMPHIS, TN 38119  
City, State & Zip

310-614-3143  
Daytime Telephone number

ZACH.BAIR@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: IRB LARGO HOLDINGS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14219 WALSHINGHAM RD.  
S-F  
LARGO, FL 33774

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ZACH BAIR P Name and Title: \_\_\_\_\_

Address: 14219 WALSHINGHAM RD. Address: \_\_\_\_\_  
SUITE F  
LARGO, FL 33774

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FL

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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: Capitol Corporate Services, Inc.  
Address: 515 E. Park Avenue, 2nd FL  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: ZACH BAIR  
Address: 7496 WOOD BAIL COLE  
MEMPHIS, TN 38119

**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*



Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

Required Signature/Registered Agent

11/26/24

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

Date

26 Nov 24

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