

TRANSMITTAL LETTER

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

500001962795
-10/02/96--01040--009
****131.25 ****131.25

SUBJECT: SHAMROCK CONSULTING Co.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

MARY KAYE SULLIVAN
Name (printed or typed)

815 NW 36 DRIVE
Address

GAINESVILLE FL 32605
City, State & Zip

352/380-9918 or 352/373-4419
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 OCT -2 PM 12:07

FILED

*Mary Kaye Sullivan
gave authorization
to Add Shares*

[Signature]
10/7

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

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHAHROCK CONSULTING Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

815 N.W. 36 DRIVE
GAINESVILLE FL 32605

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1 SHARE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARY KAYE SULLIVAN
815 N.W. 36 DRIVE
GAINESVILLE FL 32605

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TALLAHASSEE FLORIDA

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See instructions for officers/directors

MARY KAYE SULLIVAN
815 N.W. 36 DRIVE
GAINESVILLE FL 32605

STACEY BOLLHAN
815 NW. 36. DRIVE
CORINESVILLE FL 32605

23 day of September, 19 96

Mary Kay Sullivan
Signature

Stacy Bohannon
Signature

Signature _____

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SHAMROCK CONSULTING Co.
2. The name and address of the registered agent and office is:

MARY KAYE SULLIVAN
(NAME)
815 NW 36 DRIVE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
GAINESVILLE FL 32605
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary Kaye Sullivan
(SIGNATURE)

Sept 23, 1996
(DATE)