

P97000049644  
TRANSMITTAL LETTER

Copy

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

SUBJECT: KATHLEEN'S HOUSE OF IRELAND, Inc.  
(Proposed corporate name - must include suffix)

400002190014--3  
-05/23/97--01086--006  
\*\*\*\*131.25 \*\*\*\*131.25

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:

KATHLEEN REINEKE  
Name (printed or typed)

124 W PINE ST STE 100  
Address

ORLANDO FL 32801  
City, State & Zip

872-7695  
Daytime Telephone number

FILED  
97 JUN -5 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

me 6/5/97



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

May 27, 1997

**KATHLEEN REINEKE**  
**124 W. PINE STREET**  
**SUITE 104**  
**ORLANDO, FL 32801**

**SUBJECT: KATHLEEN'S HOUSE OF IRELAND**  
**Ref. Number: W97000012274**

We have received your document for KATHLEEN'S HOUSE OF IRELAND and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6067.

**Neysa Culligan**  
**Document Specialist**

**Letter Number: 497A00028392**

## 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:

KATHLEEN'S HOUSE OF IRELAND, INC.

### ARTICLE II PRINCIPAL OFFICE

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

124 W PINE ST Ste 112  
ORLANDO, FL 32801

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TALLAHASSEE, FLORIDA

### ARTICLE III SHARES

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

1000 shares @ 1.00 a share  
510 for KATHLEEN REINEKE 490 for JOHN REINEKE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kathleen REINEKE  
124 W PINE ST Ste 112  
ORL. FL 32801

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are)

KATHLEEN REINEKE  
7591 SOUTHWICK DR  
ORL, FL 32818

---

JOHN T. REINEKE  
7591 SOUTHWICK DR  
ORL FL 32818

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of MAY, 19 97.

Kathleen Reineke  
Signature

John T. Reineke  
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: KATHLEEN'S HOUSE OF  
IRELAND, INC.

2. The name and address of the registered agent and office is:

KATHLEEN REINEKE  
(NAME)  
124 W PINEST <sup>112</sup> ST ~~112~~  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
ORLANDO, FL 32801  
(CITY/STATE/ZIP)

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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.*

Kathleen Reineke  
(SIGNATURE)

5/20/97  
(DATE)

OK # R52D-518-45-712-D



SHARON D SOMNER  
My Commission CC313827  
Expires Sep. 08, 1997  
Bonded by HAI  
800-422-1888

Sharon D Somner  
Exp: Sept 8, 1997

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314