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97 NOV 18 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Shamrock Incorporated
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #) 500002350985--9
11/18/97-01082-005
****122.50 ****122.50

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P. Hall NOV 18 1997
Will wait

ARTICLES OF INCORPORATION

I. The name of this corporation is **Shamrock, Incorporated.**

II. The duration of this Corporation is perpetual.

III. This Corporation is organized under the laws of this state to conduct any and all lawful business for which Corporations may be incorporated under Chapter 607.164.

IV. The Corporation will have the authority to issue one hundred thousand shares (100,000) common stock. Each share will have a par value of \$.01.

V. The street address of its Principal and initial Registered Office is Route 2 Box 65, Bristol, Fl. 32321. The Registered Agent at this address is Samuel E. McGlockton.

VI. The number of members for its initial Board of Directors will be five (5). The name and address of its initial Board Members are:

1.} Samuel E. McGlockton, Rt.2 Box 65, Bristol, Fl. 32321.

2.} Bettye L. McGlockton, Rt. 2 Box 65, Bristol, Fl. 32321.

3.} Franklin McGlockton, Rt. 2 Box 66, Bristol, Fl. 32321.

4.} Mildred M. Demps, Rt. 2 Box 66, Bristol, Fl. 32321.

5.} Richlene Young, Rt. 2 Box 65, Bristol, Fl. 32321.

VII. The name of the Incorporator of this Corporation is Samuel E. McGlockton. The Address of the Incorporator of this Corporation is Route 2 box 65, Bristol, Florida 32321.

Dated this 18th day of November 1997. IN WITNESS WHEREOF.

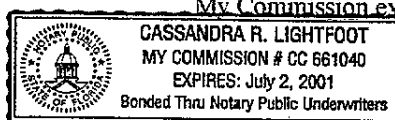
The undersigned being the Incorporator of this Corporation have executed these ARTICLES OF INCORPORATION.

Signature of Incorporator: Samuel E. McGlockton

State of Florida
County of Liberty

Before me, the undersigned authority, personally appeared Samuel E. McGlockton me well known to be the person who executed the foregoing Articles of Incorporation and acknowledge before me, according to the law, that he made and subscribed the same for the purposes therein mentioned and set forth. IN WITNESS WHEREOF, I have hereunto set my hand and seal this 18th day of November, 1997.

Cassandra R. Lightfoot
(Notary Public)



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

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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, Incorporated

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

Samuel E. McSherry
(NAME)

P.O. Box 20415
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Bristol FL 32321
(CITY/STATE/ZIP)

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.

Samuel E. McSherry
(SIGNATURE)

11/18/97
(DATE)