P99 (RACENTED 3689

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



Tallahassee, FL 32314

SUBJECT:

SHAMROCK TRADING INC.

(Proposed corporate name - must include suffix)

100002834531---1 -04/09/99--01052--007 ******78 75 ******78.75

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 of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan

Name (Printed or timed)

riano (rimida di sypoa)

6441 Autumn Woods Blvd.
Address

Naples

FL 3

City, State & Zip

#941-435-3286

Daytime Telephone number

SHARON

APR 13 1999

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

ÄRTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SHAMROCK TRADING INC

ARTICLE II PRINCIPAL OFFICE

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

6441 Aurumn Woods Blod. Naples FL 34109

ARTICLE III SHARES

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

10,000 (TENTHOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Jonathan Fitzpatrick 6441 Autumn Woods Blod. Naples FL 34109

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jonathan Fitzpatrick 6441 Autumn Woods Blvd. Naples FL 34109

Signature/Incorporator

4-7-99

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

4-7-99

Date