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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL .
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

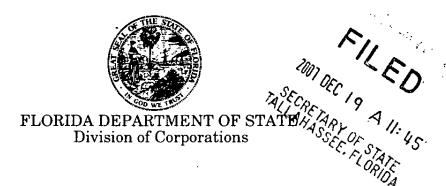


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2001 DEC 19 A 11: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

> 48-44 1-02-02



December 20, 2007

ROBERT C. MURPHY 10400 NEWPORT HWY. GREENVILLE, TN 37743

SUBJECT: R&C MURPHY INC. Ref. Number: W07000061427

We have received your document for R&C MURPHY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of 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 (850) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 007A00070985

COVER LETTER

TO: New Filing Section Division of Corporations	a - must include suffix)
SUBJECT: R&C Murphy Inc.	ARASBY A 11
	ı - must include suffix)
Dear Sir or Madam:	a - must include suffix)
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," and check are submitted to retransact business in Florida.	
Please return all correspondence concerning this matter t	o the following:
Robert C. Murphy	
(Name of I	Person)
R&C Murphy Inc.	
(Firm/Con	npany)
10400 Newport Hwy.	F7/
(Addre	22)
•	55)
Greeneville TN 37743	
(City/State ar	nd Zip code)
For further information concerning this matter, please cal	II:
Robert Murphy at (423	, 470-6781
	ode & Daytime Telephone Number)
(and co	
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	78.75 Filing Fee & Sertified Copy Sertified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. R&C Mu	ırphy Inc.			
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATION,"	-
RCM Inc).			
(If name unavail	able in Florida, enter alternate corporate nar	ne	adopted for the purpose of transacting business in Florida)
_{2.} Tenness	see	3.	26-1536331	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	_
4. 12/10/20	007	5.	perpetual	
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	-
_{6.} none				
			Florida, if prior to registration) 02, F.S., to determine penalty liability)	_
_{7.} 10400 No	ewport Hwy. Greeneville			_
	(Principal office a	ddı	ress)	
10400 N	ewport Hwy. Greenevill	е	TN 37743 产品 宣	
	(Current mailing a	dd	ess) ARE DEC	$\frac{1}{2}$
8. Telephoi (Purpose(s	ne sub-contractor (telep	h co	one cable splicing)	-111
	et address of Florida registered agent: (P		to	
Name:	NRAI Services, Inc		<u> </u>	
Office Address:	2731 Executive Park [)ı	rive Suite 4	
	Weston		, Florida 33331	
	(City)		(Zip code)	
in Pegistered ac	Jent's accentance			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> (Registered agent's signature) Christian Eubanks, Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
12, Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Address:
Chairman:
Address: Address:
~ 45 · 45
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Robert C. Murphy
Address: 10400 Newport Hwy.
Greeneville TN 37743
Vice President:
Address:
Secretary: Rita D. Murphy
Address: 10400 Newport Hwy. Greeneville TN 37743
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
in Coliner and
(Signature of Director or Officer listed in number 12 of the application)
14. President ROBERT C MURPHY
(Typed or printed name and capacity of person signing application)

Division of Business Services
312 Eighth Avenue North
5th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 12/12/2007 REQUEST NUMBER: 07346586 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/27/2007 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0564013 JURISDICTION: TENNESSEE

TO: ROBERT C MURPHY 10400 NEWPORT HWY

GREENEVILLE, TN 37743

REQUESTED BY: ROBERT C MURPHY 10400 NEWPORT HWY

GREENEVILLE, TN 37743

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID; THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

2001 DEC 19 A II: 45
SECRETARY OF STATE

FOR: REQUEST FOR CERTIFICATE

GREENEVILLE, TN 37743-0000

ON DATE: 12/12/07

FEES

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00004298746 ACCOUNT NUMBER: 00583668

GRICULTURE H

FROM:

RITA/ROB MURPHY

10400 NEWPORT HWY

RILEY C. DARNELL SECRETARY OF STATE

SS-445