# F24000001921





200423425902

02/06/24--01027--002 \*\*87.50

2024 FEB -6 IH 3: 22

## **COVER LETTER**

TO:		tration Section ion of Corporations				
SUBJ	ECT:	Murphy Rentals Inc				
0020		Name of	corporation	- must include suffix		
Dear S	ir or M	adam:				
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	f Good Stan	ding" and check are submitt		
Please	return a	all correspondence concernin	g this matter	to the following:		
Michae	l Murph	ny				
			Name of	Person		
Murph	Rentals	Inc				
			Firm/Com	pany		
3320 D	erry Str	eet				
			Addre	ess		
Harrisb	urg PA	17111				
			City/State a	nd Zip code		
meghar	1@mike	murphyrentals.com				
		E-mail address:	(to be used f	or future annual report notif	ication)	
For fur	ther in	formation concerning this ma	tter, please c	all:		
Michael Murphy			717 it (	554-9631		
	Name	e of Person	Area Code	Daytime Telephone	2 Number	
	Regis Divisi The C	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	MAILING ADD Registration Secti- Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	
Please r	nake ch	check for the following amount of the control of th	PARTMENT Fee & □		§ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

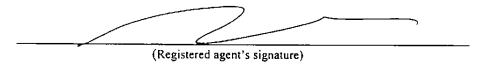
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Murphy Rentals Inc.			<del> </del>		
(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	۷,"			
(If name unavailable in Florida, enter alternate corporate name ac	dopted for the purpose of transactin	g business i	n Florida)		
Pennsylvania 3	nnsylvania 25-1877480				
(State or country under the law of which it is incorporated)	(FEI number, if applicable)				
2001					
(Date of incorporation)	(Date of duration, if other than perpetual)				
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 3320 Derry Street, Harrisburg PA 17111		ty)			
(Principal office	e street address)				
			20		
(Current mailing	address, if different)	:	H FED		
. Name and street address of Florida registered agent: (P.O.	Box NOT acceptable)	:	5		
Name: Michael Marza		;	皇		
Office Address: 2700 NA 57 H ST		•	ယ္		
Name: Michael Morph  Office Address: 2700 Nr. 57 H ST  Fortland-Jal.  (City)	, Florida <u>3336 8</u>	-	22		
(City)	(Zip code)				

#### 9. Registered agent's acceptance:

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.



10. 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.

#### A. DIRECTORS Michael Murphy □ Chairman □ Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: \_\_\_\_ □Vice Chairman Address: \_\_\_\_ 3320 Derry Street □Director Director Harrisburg PA 17111 President □ President □ Vice President \_\_\_\_ □Vice President ☐ Secretary ☐ Treasurer □Secretary ☐ Treasurer □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_ Director Director ☐ President □ President □Vice President \_\_\_\_\_ □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer Other \_\_\_\_ ☐ Other \_\_\_\_\_ Other\_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director ☐ Director □ President ☐ President □Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary □Treasurer □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ □ Other \_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Michael Murphy Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Michael Murphy

# Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding:

MURPHY RENTALS, INC.

Request Type:

Subsistence Certificate

Issuance Date: January 31, 2024

Request No.:

029594637

File No.:

0002978784

Receipt No.:

000885654

Filing Type:

**Domestic Business Corporation** 

Filing Subtype:

Business

Initial Filing Date: December 20, 2000

Status:

Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

MURPHY RENTALS, INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Mes Sola

Verify this certificate online at www.file.dos.pa.gov