

M16000000905

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

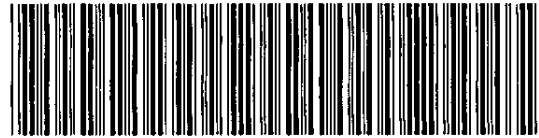
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02/04/16--01002--007 **160.00

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16 FEB -4 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 03 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2016

BARBARA ANN MURPHY
707 1ST STREET SOUTH #402
JACKSONVILLE BEACH, FL 32250

SUBJECT: MURPHY MANAGEMENT SOLUTIONS, LLC
Ref. Number: W16000004722

FILED
16 FEB - 4 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MURPHY MANAGEMENT SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$160.00.

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 (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 816A00001498

RECEIVED
2016 FEB - 3 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hi - Please forgive my careless error. Thank you for your letter. Enclosed is the correct check.
Barb Murphy
1/31/2016

Murphy Management Solutions, LLC.

707 1st Street South, #402
Jacksonville Beach, FL 32250
(904) 521-4985

January 7, 2016

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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16 FEB - 4 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

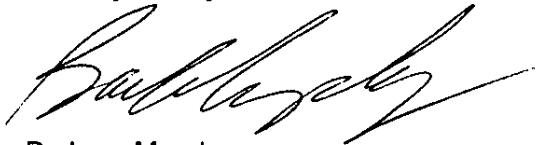
To Whom It May Concern:

I am a Management Consultant. Working from home, I provide consulting services to the Office of Retirement Services, Department of Technology, Management and Budget, State of Michigan. My business was opened in Michigan in 2012.

I have relocated to Florida and will continue to provide consulting services to the State of Michigan out of my home. My work consists of telephone and email communications.

Enclosed is my application, LLC Certificate of Existence, and check as required by the Florida Department of State. Please contact me at 904-521-4985 if you have any questions.

Thank you very much.



Barbara Murphy
President and Owner
Murphy Management Solutions, LLC.

enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

Murphy Management Solutions, LLC.

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Barbara Ann Murphy

Name of Person

Murphy Management Solutions, LLC.

Firm/Company

707 1st Street South, #402

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

murphyba57@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Ann Murphy

904

521-4985

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Murphy Management Solutions, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. B. Murphy Management Solutions, LLC. 3. 45-5546392
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. January 1, 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 707 1st Street South, #402
Jacksonville-Beach, FL 32250
(Street Address of Principal Office)
6. 707 1st Street-South, #402
Jacksonville Beach, FL 32250
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Barbara Ann Murphy

Office Address: 707 1st Street South, #402
Jacksonville Beach, Florida 32250
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Barbara Ann Murphy, President/Owner, 707 1st Street South, #402, Jacksonville Beach, FL 32250

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

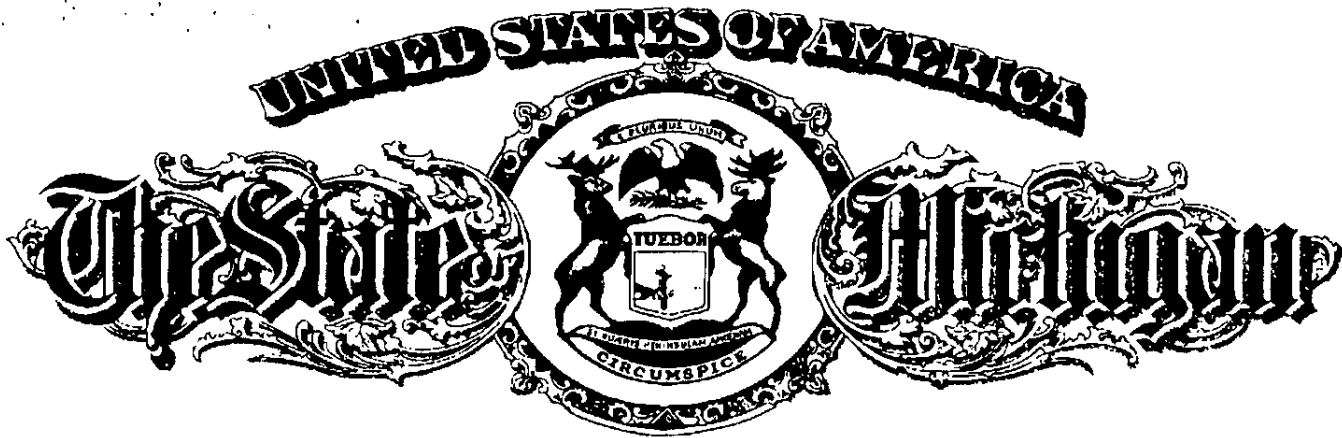
[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

[Signature]
Typed or printed name of signer

BARBARA A. MURPHY

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MURPHY MANAGEMENT SOLUTIONS, LLC

was validly organized on June 20, 2012 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 18th day of December, 2015*

Julia Dale

Julia Dale, Acting Director
Corporations, Securities & Commercial Licensing Bureau

FILED
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TOLSON
SECRETARY OF STATE