

N140000010744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

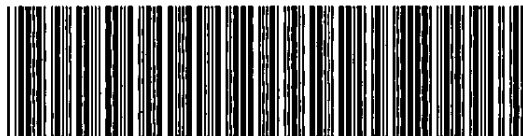
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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11/24/14--01007--016 \*\*70.00

14 NOV 20 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Office Use Only

1/4

November 19, 2014

Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I, Connie Murphy, am the legal owner of 9463 A Foundation for Florida's Fallen Officers, Inc. Document #P12000099153

I have no intentions of reinstating this corporation.

Thank you,



Connie Murphy

## COVER LETTER

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

**SUBJECT:** 9463 A Foundation For Florida's Fallen Officers, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Connie Murphy  
Name (Printed or typed)

7765 Lake Worth Road, #302  
Address

Lake Worth, FL 33467  
City, State & Zip

561-601-8205  
Daytime Telephone number

connie.s.murphy@gmail.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: 9463 A Foundation For Florida's Fallen Officers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7765 Lake Worth Road, #305  
Lake Worth, FL 33467

Mailing address, if different is: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To benefit the families of fallen Florida's law enforcement officers

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: As provided for in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Connie Murphy, President</u>	Name and Title:	_____
Address	<u>7765 Lake Worth Road, #302</u>	Address:	_____
	<u>Lake Worth, FL 33467</u>		_____

Name and Title:	<u>James Wright, VP</u>	Name and Title:	_____
Address	<u>7765 Lake Worth Road, #302</u>	Address:	_____
	<u>Lake Worth, FL 33467</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Connie Murphy  
Address: 7765 Lake Worth Road, #302  
Lake Worth, FL 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Connie Murphy  
Address: 7765 Lake Worth Road, #302  
Lake Worth, FL 33467

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature of Registered Agent

11/19/14  
Date

*I submit this document and affirm that the facts stated herein are true. 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.*



Required Signature of Incorporator

11/19/14  
Date