

PO2000135005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

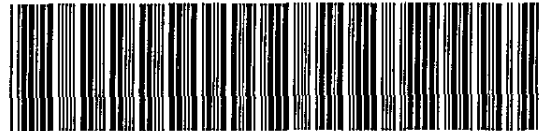
(Business Entity Name)

(Document Number)

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

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02 DEC 26 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/26/02

## TRANSMITTAL LETTER

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

**SUBJECT:** B. E. Murphy, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Beth E. Murphy

Name (Printed or typed)

4743 Skimmer Way South

Address

St. Petersburg, FL 33711

City, State & Zip

727 - 864 - 0545

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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### ARTICLE I NAME

The name of the corporation shall be:

B. E. Murphy, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4743 Skimmer Way South  
St. Petersburg, FL 33711

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide professional medical legal consulting services

### ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Beth E. Murphy, Director  
4743 Skimmer Way South  
St. Petersburg, FL 33711

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Beth E. Murphy  
4743 Skimmer Way South  
St. Petersburg, FL 33711

### ARTICLE VII INCORPORATOR

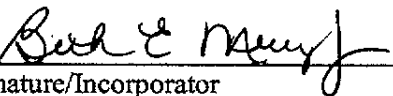
The name and address of the Incorporator is:

Beth E. Murphy  
4743 Skimmer Way South  
St. Petersburg, FL 33711

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

12/23/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/23/02  
\_\_\_\_\_  
Date