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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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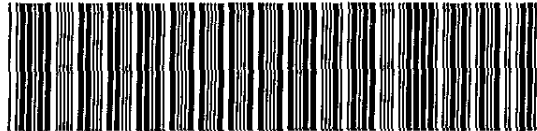
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECTION 06
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J. Shivers JUL 18 2005

TRANSMITTAL LETTER

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

SUBJECT: R. MURPHY INSURANCE, 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: ROBERT MURPHY
Name (Printed or typed)

1385 FOREST PARK ST.
Address

LAKELAND, FL 33803
City, State & Zip

863-255-0400
Daytime Telephone number

05 JUL 14 AM 9:11
CLERK OF COURT
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be:

R. MURPHY INSURANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1385 FOREST PARK ST
LAKELAND, FL 33803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE SALES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROBERT MURPHY , 1385 FOREST PARK ST, LAKELAND, FL 33803 - OWNER

ARTICLE VI REGISTERED AGENT

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

ROBERT MURPHY , 1385 FOREST PARK ST, LAKELAND, FL 33803 - OWNER

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT MURPHY , 1385 FOREST PARK ST, LAKELAND, FL 33803 - OWNER


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 famillar with and accept the appointment as registered agent and agree to act in this capacity




Signature/Registered Agent



Signature/Incorporator



Date


Date

05 JUL 14 AM 9:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS