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| (Requestor's Name) | | |
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| Certified Copies | Certificates | of Status |
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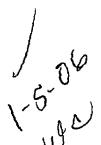
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SECRETARY OF SIATE

SECRETARY OF SIATE



COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Murphy Shutter Service 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 \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM: _ David Murphy Name (Printed or typed) 281 W Shadyside cir. Address West Palm Beach, Fl 33415 City, State & Zip

(561) 659-4811

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

Daytime Telephone number

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:

Murphy Shutter Service Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4594 Holiday Way West Palm Beach, FI 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Shutter Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ryan Murphy

David Murphy

ARTICLE VI REGISTERED AGENT

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

David Murphy 281 W Shadyside cir.

West Palm Beach, Fl 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryan Murphy 4594 Holiday Way West Palm Beach, Fl 33415

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

Signature/Incorporator

Date

FILED

TALLAHASSEE, FI ORIDA