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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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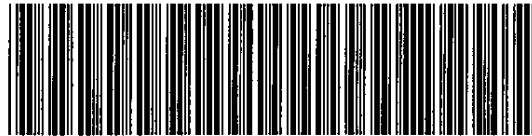
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/22/06--01062--010 **78.75

FILED

2006 MAY 22 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 24 2006

COVER LETTER

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

SUBJECT: Tracy Nicole 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: Tracy Murphy

Name (Printed or typed)

728 Oakpoint Circle

Address

Davenport, Florida 33837

City, State & Zip

(407) 970-2235

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)

ARTICLE I NAME

The name of the corporation shall be:

Tracy Nicole Murphy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

728 Oakpoint Circle, Davenport, FL 33837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Transcription

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):

Tracy Murphy, 728 Oakpoint Circle, Davenport, FL 33837, President

ARTICLE VI REGISTERED AGENT

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

Tracy Murphy, 728 Oakpoint Circle, Davenport, FL 33837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy Murphy, 728 Oakpoint Circle, Davenport, FL 33837

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

5/19/06

Date

5/19/06

Date

FILED
2006 MAY 22 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA