P08000012381

(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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DIVISION OF CORPORATIONS
08 FEB -1 PM 4:26

W08 00000402 1

EP 2/4/08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2008

ELENA MANSSUR-MURPHY
1420 NE 39TH STREET
OCALA, FL 34479

SUBJECT: ELENA MANSSUR-MURPHY INC
Ref. Number: W08000004021

We have received your document for ELENA MANSSUR-MURPHY INC and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages ofthe authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must state the number of shares of authorized stock.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 908A00005294

COVER LETTER

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

SUBJECT: Elena Manssur-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: Elena Manssur-Murphy
Name (Printed or typed)

1420 NE 39th Street
Address

Ocala , FL , 34479
City, State & Zip

(352) 402-0265
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:

Elena Manssur-Murphy Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1420 NE 39th Street
Ocala, FL 34479

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Virtual Services

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):

Elena Manssur-Murphy
1420 NE 39th Street
Ocala, FL 34479
Owner

ARTICLE VI REGISTERED AGENT

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

Elena Manssur-Murphy
1420 NE 39th Street
Ocala, FL 34479

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
Elena Manssur-Murphy
1420 NE 39th Street
Ocala, FL 34479

****

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 — Jan. 17-2008 — Date

Signature/Incorporator — Jan. 17-2008 — Date