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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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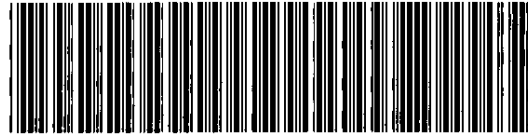
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: DIANE 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: DIANE MURPHY INC

Name (Printed or typed)

1315 SOUTH LAKEMONT DRIVE

Address

COCOA, FLORIDA 32922

City, State & Zip

321-458-1875

Daytime Telephone number

NA

E-mail address: (to be used for future annual report notification)

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:

DIANE MURPHY INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1315 SOUTH LAKEMONT DR

COCOA, FL 32922

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTANT

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):

DIANE	MURPHY	1315	S. LAKEMONT COCOA,	FL. 32922
			DR	

ARTICLE VI REGISTERED AGENT

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

DIANE MURPHY

1315 S. LAKEMONT DR.

COCOA, FL 32922

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DIANE MURPHY

1315 S. LAKEMONT DR.

COCOA, FL 32922

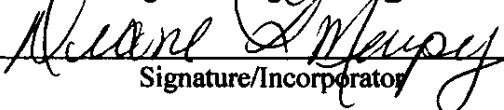
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

09/13/2010

Date



Signature/Incorporator

09/13/2010

Date

10 SEP 20 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA