

P120000034984

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(City/State/Zip/Phone #)

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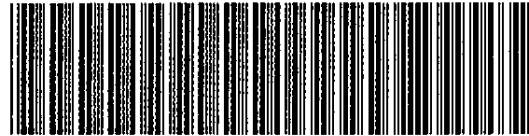
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/09/11--01024--012 **78.75

FILED

12 APR 11 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/12/12

COVER LETTER

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

SUBJECT: MURPHY CONSULTING GROUP 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: MICHAEL D. MURPHY
Name (Printed or typed)

706 N. CHIPPENAW CIRCLE
Address

BOYNTON BEACH FL 33436
City, State & Zip

954-809-5426
Daytime Telephone number

MMURPHYCG@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 APR 11 AM 10:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 12, 2011

MICHAEL D MURPHY
706 N CHIPPENA CIRCLE
BOYNTON BEACH, FL 33436

SUBJECT: MURPHY CONSULTING GROUP INC.
Ref. Number: W11000061922

We have received your document for MURPHY CONSULTING GROUP INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 511A00027655

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 CONSULTING GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

706 N. CHAPPEWA CIRCLE
BOYNTON BEACH FL
33436

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONSULT HOMEOWNER'S AND BUSINESS OWNERS TO MINIMIZE RISK AND KEEP CONSTRUCTION COST DOWN.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL D. MURPHY Pres.
Address: 706 N. CHAPPEWA CIRCLE
BOYNTON BEACH FL
33436

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MICHAEL D. MURPHY
Address: 706 N. CHAPPEWA CIRCLE
BOYNTON BEACH FL 33436

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL D. MURPHY
Address: 706 N. CHAPPEWA CIRCLE
BOYNTON BEACH FL 33436

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

Michael D. Murphy
Required Signature/Registered Agent

4/4/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael D. Murphy
Required Signature/Incorporator

4/4/12
Date

FILED
12 APR 11 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA