

P12000036076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

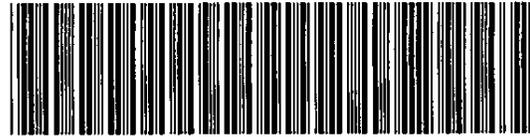
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED APR 16 2012

FILED
12 APR 16 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
4/17/12

COVER LETTER

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

SUBJECT: SUCCESS IT'S UP TO ME 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: PATRICK M. MURPHY
Name (Printed or typed)

10015 SCENIC HWY.
Address

PENSACOLA FL 32514
City, State & Zip

850-380-0649
Daytime Telephone number

PAT @ SUCCESS ITS UP TO ME . COM
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: SUCCESS IT'S UP TO ME INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
10015 SCENIC HWY
PENSACOLA FL
32514

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

PRESIDENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICK MURPHY
Address: 10015 SCENIC HWY
PENSACOLA FL 32514

Name and Title: PATRICK M. MURPHY
Address: 10015 SCENIC HWY
PENSACOLA FL
32514

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: PATRICK M. MURPHY
Address: 10015 SCENIC HWY
PENSACOLA FL 32514

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATRICK M. MURPHY
Address: 10015 SCENIC HWY
PENSACOLA FL 32514

} 10015 SCENIC HWY.
PENSACOLA FL
32514

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

Patrick M. Murphy

Required Signature/Registered Agent

4-15-12

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.

Patrick M. Murphy

Required Signature/Incorporator

4-15-12

Date