

P12000081672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

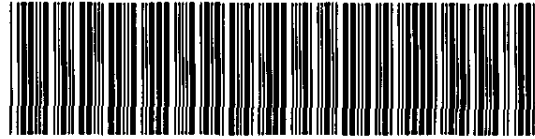
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W12000049396



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09/25/12--01016--003 **78.75

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9/27/12

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE BROTHER WILLIAM MURPHY
(Corporation Name) (Document #)
2. O'BRIEN, INC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2012

LAZARUS CORPORATE FILING SERVICE

SUBJECT: THE BROTHER WILLIAM MURPHY & OBRIEN INC
Ref. Number: W12000049396

NOT INTENDED
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SUFFICIENCY OF FILING

2012 SEP 26 PM 2:29

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for THE BROTHER WILLIAM MURPHY & OBRIEN 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 name of the entity must be identical throughout the document.

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) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 512A00023997

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

12 SEP 26 AM 8: 12

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE BROTHER WILLIAM MURPHY & OBRIEN . INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2750 NE 183 ST APT 312

AVENTURA, FL 33160

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares @ \$1.00 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUIS SERNA
2750 NE 183 ST APT 312
AVENTURA, FL 33160

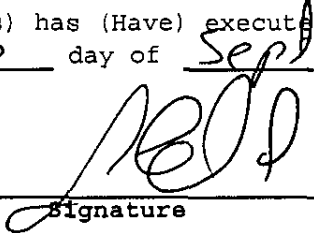
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LUIS SERNA
2750 NE 183 ST APT 312
AVENTURA, FL 33160
(786)306-2323

President / Secretary

The undersigned incorporator(s) has (Have) executed these Articles of Incorporation this 20 day of Sept 2012



Signature

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE. REGISTERED AGENT, IN THE SATE OF FLORIDA:

1 The name of the corporation is THE BROTHER WILLIAM MURPHY & O'BRIEN . INC

2750 NE 183 ST APT 312
AVENTURA, FL 33160

2 The name and address of the registered agent and office is:

LUIS SERNA

Name

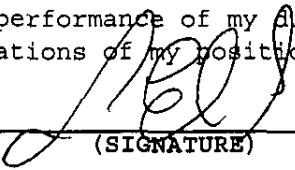
2750 NE 183 ST APT 312

(P.O. Box or Mail Drop NOT acceptable)

AVENTURA, FL 33160

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

Sep 20/12
(DATE)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 23214

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DIVISION OF CORPORATIONS
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