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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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11/20/12

COVER LETTER

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

Murphy's Remodeling Inc.

SUBJECT: _____
(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: Murphy S. Cook 3rd
Name (Printed or typed)

1239 Stimson St.
Address

Jacksonville, Fl. 32205
City, State & Zip

904-323-6357
Daytime Telephone number

jshaw58@gmail.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)

ARTICLE I NAME
The name of the corporation shall be: Murphy's Remodeling Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address: 1239 Stimson St., Jacksonville, Fl. 32205

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President - Murphy S Cook 3rd.
Address: 1239 Stimson St
Jacksonville, Fl. 32205

Name and Title: Vice President - Jeffrey E. Owen
Address: 436 E. 5th St.
Jacksonville, Fl. 32206

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:
Address: Murphy S. Cook 3rd
1239 Stimson St., Jacksonville, Fl. 32205

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name:
Address: Murphy S. Cook 3rd
1239 Stimson St., Jacksonville, Fl. 32205

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Murphy Cook
Required Signature/Registered Agent

11/5/12
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.

Murphy Cook
Required Signature/Incorporator

11/5/12
Date