

P/5000040/88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

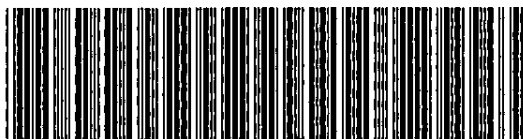
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15 MAY -1 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 4 2015
S. GILBERT

COVER LETTER

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

SUBJECT: **Cyprus 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: **W. Timothy Murray**

Name (Printed or typed)

620 Crown Oak Centre Dr.

Address

Longwood, Florida, 32750

City, State & Zip

407-687-8272

Daytime Telephone number

donnalrayburn@cfl.rr.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: Cyprus Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

620 Crown Oak Centre Dr.

Longwood, Florida

32750

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a holding company.

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: W. Timothy Murray/President, secretary, treasurer

Address 620 Crown Oak Centre Dr.

Longwood, Florida

32750

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: W. Timothy Murray
Address: 620 Crown Oak Centre Dr.
Longwood, Florida, 32750

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Name: W. Timothy Murray
Address: 620 Crown Oak Centre Dr.
Longwood, Florida, 32750

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

 W. Timothy Murray
Required Signature/Registered Agent

4-23-15
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.

 W. Timothy Murray
Required Signature/Incorporator

4-23-15
Date