

P/B000090244

(Requestor's Name)

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(City/State/Zip/Phone #)

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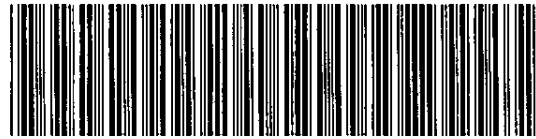
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 NOV -8 PM 2:15

EFFECTIVE DATE 01/01/17

11/10/16

## COVER LETTER

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

**SUBJECT:** Reciprocity, Corp.  
**(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Michael C. Murphy, CEO  
Name (Printed or typed)  
9489 Park Lake Drive  
Address  
Pinellas Park, FL 33782  
City, State & Zip  
727-557-4754  
Daytime Telephone number  
Reciprocitycorp@yahoo.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: Reciprocity, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9489 Park Lake Drive

Pinellas Park, FL 33782

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: For any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael C. Murphy, CEO

Address: 9489 Park Lake Drive

Pinellas Park, FL 33782

Name and Title: Julie M. Mulholland, CEO

Address: 9489 Park Lake Drive

Pinellas Park, FL 33782

Name and Title: Michael C. Murphy, COO

Address: 9489 Park Lake Drive

Pinellas Park, FL 33782

Name and Title: Julie M. Mulholland, CFO

Address: 9489 Park Lake Drive

Pinellas Park, FL 33782

Name and Title:

Address:

Name and Title:

Address:

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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: Michael C. Murphy, CEO  
Address: 9489 Park Lake Drive  
Pinellas Park, FL 33782

**ARTICLE VII INCORPORATOR**

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

Name: Michael C. Murphy, CEO  
Address: 9489 Park Lake Drive  
Pinellas Park, FL 33782

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-01-2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 C. Murphy  
Required Signature/Registered Agent

11/21/2016  
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 C. Murphy  
Required Signature/Incorporator

11/21/2016  
Date

Michael C. Murphy

*[Signature]*

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