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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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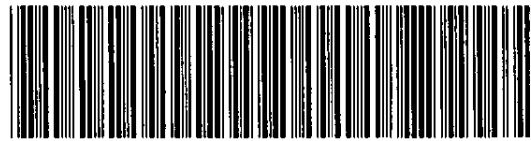
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2/1/17

**COVER LETTER**

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

SUBJECT: Muir Financial 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: Michael Muir  
Name (Printed or typed)

15 NW 26<sup>th</sup> st.  
Address

Gainesville, FL 32607  
City, State & Zip

(352)377-7577  
Daytime Telephone number

Michael.Muir@NM.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: Muir Financial Group, inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15 NW 26<sup>th</sup> st.  
Gainesville, FL 32607

Mailing address, if different is:  
3620 NW 43<sup>rd</sup> st. suite A  
Gainesville, FL 32606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To deliver financial planning in a professional manner.  
for tax efficiency.

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Michael Muir - President  
Address: 15 NW 26<sup>th</sup> st.  
Gainesville, FL 32607

Name and Title: Jared Camirand - Managing Partner  
Address: 710 NW 16<sup>th</sup> Ave  
Apt. #6  
Gainesville, FL 32601

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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 Muir  
Address: 15 NW 26<sup>th</sup> st.  
Gainesville FL 32607

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**ARTICLE VII INCORPORATOR**

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

Name: Michael Muir  
Address: 15 NW 26<sup>th</sup> st.  
Gainesville, FL 32607

**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 days prior or 90 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*

Mike Muir \_\_\_\_\_ 01/26/2017  
Required Signature/Registered Agent 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.*

Mike Muir \_\_\_\_\_ 01/26/2017  
Required Signature/Incorporator Date