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(Requestor's Name)

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(City/State/Zip/Phone #)

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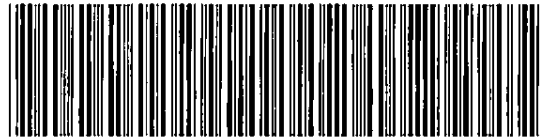
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.S.H.  
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2/12/24

## COVER LETTER

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

SUBJECT: Murphy's Trucking, 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      ☐ \$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: Andrew Murphy  
Name (Printed or typed)

5353 SW SR 247  
Address

Lake City, FL 32024  
City, State & Zip

386-623-3050  
Daytime Telephone number

mtc.32024@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 Trucking, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Andrew Murphy  
Kaeutoria Murphy

5353 SW SR 247, Lake City,  
FL 32024  
5353 SW SR 247, Lake City,  
FL 32024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to deliver goods.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: President - Andrew Murphy Name and Title: Vice President

Address: 5353 SW SR 247 Address: Kaeutoria Murphy  
Lake City, FL 5353 SW SR 247  
32024 Lake City, FL 32024

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ 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: Andrew Murphy  
Address: 5353 SW SR 247  
Lake City, FL 32024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Audrey Campbell  
Address: 14750 NW 72 Ct.  
Chiefland, FL 32626

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2024 (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*

x Andrew Murphy  
Required Signature/Registered Agent

x 1-5-2024  
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.*

x Andrew Murphy  
Required Signature/Incorporator

x 1-5-2024  
Date