F13000002295

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Cry, Class Cip., Teach, 1)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO:	New Filing Sectorial Division of Cor	porations	٠ -					
SUBJ	ECT:	/lurr	is, INC	•				
5525		Name of corpo	ration - must	include suffix				-
Dear S	ir or Madam:							
"Certif	ficate of Existence	ion by Foreign Corporations," or "Certificate of Goo n corporation to transact	d Standing" a	and check are sub				
Please	return all corresp	ondence concerning this	matter to the	following:				
		Brad Nan	Holland	d				
								-
		Murry's,	Inc				芯	_
		Firm	/Company	•		蓝图		
	ζ.	8300 Penn-	rylua	nia Au	14	ASS.	7 28 PM 4: 23	Ë
			Address			开会	PH	
	L	lpper Mari	000	MD	20711	152	÷.	
		B300 Penn- 1pper Marl City/S bholland @ m E-mail address: (to be	tate and Zip Wrrys. (2)	code om / re appual report r	notification	NDA	23	_
For fu		concerning this matter, p		ne annuar report r	iotification)			
	Brad Hollar	d at (_3	6 1	967-48	02	,		
	Name of Perso			Daytime Teleph	one Number	r		
	STREET/COUNTY New Filing Second Division of Concliston Buildin 2661 Executive Tallahassee, FI	rporations g e Center Circle		MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7			
Enclos	sed is a check for	the following amount:						
≱ \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Statu		75 Filing Fee & ified Copy		0 Filing ficate of fied Cop	f Statu	ıs &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FORE	VITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO IGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of corp	oration; must include "INCORPORATED," "COMPANY," "CORPORATION," b," "Inc," "Co," or "Corp.")
•	e in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. State or country un	der the law of which it is incorporated) 3. 54-0698135 (FEI number, if applicable)
	6-1952 5. Perpetual (Duration: Year cofp. will cease to exist or "perpetual")
6	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 9269	Via Grande West Wellington FL 33411
~	(Principal office address)
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Same (Current mailing address)
8	of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose(s)	of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Corporation Service Company 3
Office Address:	1201 Hays Street
	Tallahassee , Florida 32301 (Zip code)
	(City) (Zip code)
designated in this of further agree to co	ent's acceptance: and as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. Imply with the provisions of all statutes relative to the proper and complete performance of my Imiliar with and accept the obligations of my position as registered agent.
	Staphanie Milnes Asst. V.P.
	(Registered agent's signature)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Address: ______ 8300 REMNSYLVANIA AVENUE UNHE MAKEBORO, MD 20772 Vice Chairman: Address: Director: MATTAEW YOUNG

Address: B300 PENNSYLVANIA AVENUE

UPPLU MARLADRO, MD 20772 Director: **B. OFFICERS** President: FRA MENDELSON

Address: 8300 PENNSYLVANIA AVENUE Exe. Vice President: +THEASURCE Address: Repleces Mendelson Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

MRHHW Your - Exe. Vice hesident 14. ____

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MURRY'S, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

SHORE JARY OF STATE TALLAHASSEE, FLORIDA

0455411 8300

130642368

AUTHENTY CATION: 0455375

DATE: 05-23-13

You may verify this certificate online at corp.delaware.gov/authver.shtml