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(Reque	estor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: MURRAY M	ARKETING TEAM INC				
SOBJECT:	Name of corporation	- must include suffix			
Dear Sir or Madam:					
"Certificate of Existence."	by Foreign Corporation for April 1997 or "Certificate of Good Standorporation to transact busines	ling" and check are sub			
Please return all correspond	ence concerning this matter	to the following:			
THOMAS MURRAY					
	Name of P	Person	 		
MURRAY MARKETING TE	EAM INC				
	Firm/Comp	pany			
6207 S WESTSHORE BLVD	, APT 4016				
	Addres	ss			
TAMPA, FLORIDA 33616					
	City/State an	d Zip code			
CASSANDRA@MURRAYN					
I	:-mail address: (to be used fo	or future annual report n	otification)		
For further information con	cerning this matter, please ca	all:			
CASSANDRA BUSS	425 at (830-0300	830-0300		
Name of Person	Area Code	Daytime Telepl	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	FLORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

E. MURRAY MA	RKETING TEAM INC			
	corporation: must include "INCORPORATED." forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N."	
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting	ng business in Florida)	
2. ILLINOIS	3	85-2609581		
(State or countr 8/19/2020	ry under the law of which it is incorporated) 5	(FEI number, if applicable)		
	of incorporation)	(Date of duration, if other than perpetual)		
7. <u>6207 S WESTS</u> F	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 HORE BLVD, APT 4016, TAMPA FL 33616 (Principal offic		ity)	
		z address, if different)		
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O THOMAS JACKSON MURRAY		2024 JAH 1 O	
Office Address:	6207 S WESTSHORE BLVD, APT 4016) PHI2:	
	TAMPA	, Florida	2: C	
	(City)	(Zip code)	Č,	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas J Murray
(Registered agent's signature)

10. 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.

A. DIRECTORS □Chairman	Name: THOMAS JACKSON MURRAY	□Chairman	Name:	MAS JACKSON MURRAY
□Vice Chairman	Address: 6207 S WESTSHORE BLVD	☐ Vice Chairman	Address: 6207 S WESTSHORE BLVD	
□Director	APT 4016		APT 4016	
■ President	TAMPA, FL 33616	□President	TAMPA, FL 33616	
□Vice President		□Vice President		
□Secretary	□Treasurer	■ Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	⊡Vice Chairman	Address:	
□Director		□Director		
□President		□President		<u></u>
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□Other

The officer or director signing this document (and who is listed in number 11 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.817.455, F.S.

File Number

7289-034-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MURRAY MARKETING TEAM INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 19, 2020, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, 1 hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of NOVEMBER A.D. 2023.

Authentication #: 2333000860 verifiable until 11/26/2024

Authenticate at: https://www.ilsos.gov

Alexi Giannol

SECRETARY OF STATE