

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 Fax (850) 222-1222

**L00000004191**

Property Tax Information LLC

400003205714-19  
-04/12/00-01048-018  
\*\*\*\*155.00 \*\*\*\*155.00

- Art of Inc. File
- LTD Partnership File
- Foreign Corp. File
- L.C. File *Cert.*
- Fictitious Name File
- Trade/Service Mark
- Merger File
- Art. of Amend. File
- RA Resignation
- Dissolution / Withdrawal
- Annual Report / Reinstatement
- Cert. Copy
- Photo Copy
- Certificate of Good Standing
- Certificate of Status
- Certificate of Fictitious Name
- Corp Record Search
- Officer Search
- Fictitious Search
- Fictitious Owner Search
- Vehicle Search
- Driving Record
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- Courier

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Availability	<i>Q</i>
Document	<i>Q</i>
Expanded	<i>Q</i>
Model	<i>Q</i>
Master	<i>Q</i>
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Reference	<i>Q</i>
W. P. M. Ver	<i>Q</i>

Signature

Requested by:

*LM*     *4/12*     *9:47*

Name

Date

Time

Walk-In

Will Pick Up

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - The name of the Limited Liability Company is:  
Property Tax Information LLC**

**ARTICLE II - The mailing address and street address of the principal office of the Limited Liability Company is:  
4300 N. University Drive, Suite D103  
Lauderhill, FL 33351**

**ARTICLE III - The name and the Florida street address of the registered agent are:  
William M. Murphy  
4300 N. University Drive, Suite D103  
Lauderhill, FL 33351**

**Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.**

  
\_\_\_\_\_  
Registered Agent's Signature

  
\_\_\_\_\_  
Signature of member

**William M. Murphy**  
Name of member

**In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.**

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