

MURPHY & ASSOCIATES, LLC

L01000019210

October 27, 2001

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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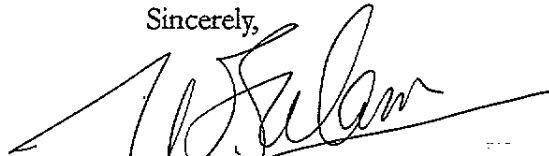
This is the cover letter accompanying the articles of organization for Florida Limited Liability Company. I'm the manager for the proposed Limited Liability Company named Murphy & Associates. My mailing address is:

2701 Rocky Point Drive, Suite 995

Tampa, FL 33607

Should you have any questions, please feel free to contact me at 813-637-9797.

Sincerely,


Wajed Salam

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MURPHY & ASSOCIATES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2701 ROCKY POINT DRIVE, SUITE 995, TAMPA, FL 33607

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

SPIEGEL & UTRERA, P.A.

Name

1840 CORAL WAY, 4TH FLOOR

Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33145

City, State, and Zip

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.

SPIEGEL & UTRERA, P.A.

By: 

Natalia Utrera, Registered Agent's Signature

Vice President

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a 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.)

WAJED SALAM

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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