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STATE
FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

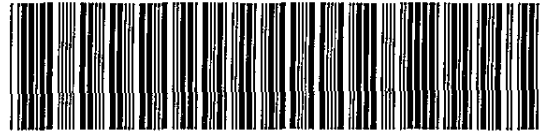
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TRANSMITTAL LETTER


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

FILED
03 DEC 17 AM 9:36
STATE
TALLAHASSEE, FLORIDA

SUBJECT: MICHAEL LEONARD MURRAY, SR., L.L.C.

Enclosed is an original and one copy of the Articles of Organization for a Florida limited liability company and Designation Registered Agent/Office. Also enclosed is a check in the amount of \$125.00 to cover filing fee for Articles of Organization and Designation of Registered Agent.

FROM


MICHAEL L. MURRAY, SR.
c/o TruLegal
2024 58th Avenue
Vero Beach, FL 32966

**ARTICLES OF ORGANIZATION
OF
MICHAEL LEONARD MURRAY, SR., L.L.C.**

FILED
03 DEC 17 AM 9:
CLERK OF STATE
TALLAHASSEE, FLOR

The undersigned hereby certify that we have associated ourselves for the purpose of becoming a limited liability company under Chapter 608, Florida Statutes, the laws of the State of Florida, providing for the formation, rights, privileges and immunities of limited liability companies for profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I - NAME

The name of this Limited Liability Company shall be:

MICHAEL LEONARD MURRAY, SR., L.L.C.

ARTICLE II - ADDRESS

The principal place of business of this Limited Liability Company is:

**105 Pelican Island Place
Sebastian, FL 32958**

The mailing address of this Limited Liability Company is:

**105 Pelican Island Place
Sebastian, FL 32958**

ARTICLE III - -- REGISTERED AGENT

The name and Florida street address of the initial registered agent of this limited liability company is

**Michael L. Murray, Sr.
105 Pelican Island Place
Sebastian, FL 32958**

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.

12/16/03
Dated

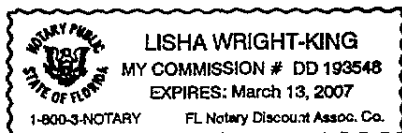
Michael L. Murray, Sr.
MICHAEL L. MURRAY, SR.

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

STATE OF FLORIDA

COUNTY OF INDIAN RIVER

The foregoing instrument was acknowledged before me this 16 day of December, 2003, by **MICHAEL L. MURRAY, SR.** who produced FLDL # 11 600-552-63-406-0 as photo identification.



Lisha Wright-King
Notary Signature
Lisha Wright-King
Notary Printed

FILED
03 DEC 17 PM 5:36
CLERK OF COURT
INDIAN RIVER COUNTY