

L04000065706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100040631101

09/01/04--01012--014 **130.00

FILED
2004 SEP -1 PM 1:22
TALLAHASSEE, FLORIDA

J. BRYAN SEP -3 2004

Arlene A. Murray
Sonja Circle
Davenport, FL, 33897
(863)424-6633
(407)973-9500

August 29, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

2004 SEP - 1 PM 1:22
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern:

Please find my check in the amount of \$130.00 for filing fees as well as the Transmittal Letter and the Articles of Organization for Florida Limited Liability Company.

My day time phone # is (407)973-9500 should you need to reach me.

Thank you.

Sincerely,



Arlene A. Murray, Mgr.
Murray Associates LLC

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Murray & Associates, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adlene A. Murray
(Name of Person)

Murray & Associates LLC
(Firm/Company)

713 Sonja Circle
(Address)

Davenport FL 33897
(City/State and Zip Code)

For further information concerning this matter, please call:

Adlene Murray
(Name of Person)

at (407) 973-9500
(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
2004 SEP -1 PM 1:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2004 SEP -1 PM 1:22
CLERK OF COURTS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Murray & Associates LLC

ARTICLE II - Address:

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

Principal Office Address:

713 Sonja Circle
Davenport FL 33897

Mailing Address:

713 Sonja Circle
Davenport FL 33897

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

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

Adlene A. Murray
Name
713 Sonja Circle
Florida street address (P.O. Box **NOT** acceptable)
Davenport FLORIDA 33897
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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Adlene A. Murray
713 Souza Circle
Davenport FL 33897

FILED
2004 SEP - 1 PM 1:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Adlene Murray

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)