https://efile.sunbiz_org/scripts/efilcovr.ex

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070000081573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Fax Number

: (305)634-3694 : (305) 633-9696

ORIDA/FOREIGN LIMITED LIABILITY CO.

murphy's floor l.l.c.

Certificate of Status	:	0
Certified Copy		1
Page Count		03
Estimated Charge		\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H07000008157



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

MURPHY'S FLOOR L.L.C.

ARTICLE I

The name of the Limited Liability Company shall be: MURPHY'S FLOOR L.L.C.

97 JAN 10 AH 8: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

an Se astatement (2014)

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

. ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 3200 SHANNON LAKES NORTH, TALLAHASSEE, FL 32309.

ARTICLE IV

The name and the Florida street address of the registered agent: WM STEPHEN BLACK II, ESQ., C/O BLACK & COHEN P.L.L.C., 2015 CENTRE POINTE BLVD, SUITE 103, TALLAHASSEE, FL 32308.

ARTICLE V

The name of the Managing Member(s) shall be:

MANAGING MEMBER WILLIAM J. McCUE MANAGING MEMBER DENSE McCUE

H07000008157

407000008157

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the and accept the performance described of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Wm Stephen Black, II
Registered Agent

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.)

Typed or printed name of signee

Hermonicia