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(Re	equestor's Name)	
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S. HAWKES MAY 1 4 2009 EXAMINER

S. HAWKES

EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2009

WILLIAM F MURPHY 1024 SOUTHARD STREET KEY WEST, FL 33040

SUBJECT: MURPHY INTERIOR CONSULTING, L.L.C.

Ref. Number: W09000019648

We have received your document for MURPHY INTERIOR CONSULTING, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 22, 2009. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 509A00014032

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

. COVER LETTER

· (TO:	Registration Sec Division of Corp					
SUBJI	e c ⊤∙	Murphy li	nterior C	onsultir	ng, L.L	C.
30101		(Name of Limit	ed Liability C	Company)		
The en	closed Articles of C	Organization and fee(s) are	submitted for	filing.		
Please	return all correspor	ndence concerning this mat	ter to the follo	owing:		
		Willia	m F. Mu	rphy		
			(Name of Pers	on)		
		Murphy Inter	ior Cons	ulting, l	L. L .C.	
		·	(Firm/Compar	ny)		
		1024 S	outhard	Street		
			(Address)			
		Kev We	st, Floric	da 3304	.0	
			y/State and Zip			
For fur	ther information co	ncerning this matter, please	e call:			
	William F.	Murphy	at (305	, 61	9-003	3
	(Name of	Person)		a Code & Da	ytime Tele	phone Number)
Enclos	sed is a check for	the following amount:				
\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee d Copy al copy is end		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Reg Div	eet/Courier distration Section of Cor don Building	tion porations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Murphy Interior Consu	ilting, L.L.C.
(Must end with the words "Limited Liabilit ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1024 Southard Street	1024 Southard Street
Key West, Florida 33040	Key West, Florida 33040
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results of the resul	egistered agent are:
William F. M	urphy
Name	
1024 Southard Str	
	ress (P.O. Box <u>NOT</u> acceptable)
Key West, Florida City, State, ar	· · ·
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

// Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger inaging Member	Name and Address:	
MGR		William F. Murphy 1024 Southard Street	
		Key West, Florida 33040	S S C S S
(Use attachmen	• ,		
LE V: Effective fective date is li	e date, if other than the sted, the date must b	e date of filing: be specific and cannot be more than f	
LE V: Effective fective date is li days after the c	e date, if other than the sted, the date must b late of filing.)		
LEV: Effective	e date, if other than the sted, the date must be date of filing.) IGNATURE:		five business day
LE V: Effective fective date is li	e date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a measure to the control of	five business day
LE V: Effective fective date is li days after the c	date, if other than the sted, the date must be late of filing.) IGNATURE: Signature of a member of this document constraints.	er or an authorized representative of a measure to the control of	five business day

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)