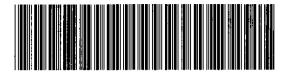
L1000009390/

(Re	equestor's Name)	, Berk
		,
	ldress)	, , , , , , , , , , , , , , , , , , ,
(Ac	idress)	•
(Ac	idress)	
•	•	
		•
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· -		. —
•		
(Bu	ısiness Entity Nan	ne)
•		
	•	
(Do	cument Number)	
•		
Certified Copies	_ ^ Certificates	of Status
Special Instructions to	Filing Officer:	
· ·		1
	·.	

Office Use Only



400184828084

09/03/10--01005--006 **125.90

Effective Date 69/15/10

10 SEP -7 AM 10: 55

SECRETARY OF STATE
IVISION OF CERPORATIONS

T. HAMPTON

SEP - 8 2010

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT: WAYNE	MURPHY CARPENT	11.11		
	Name of Limi	ted Liability Comp	oany	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	ng.	
Please return all corres	pondence concerning this mat	ter to the followin	g:	
SANDRA TO	RRENCE, EA			
		Name of Person		
CONFIDENT	TAL TAX SERVICE	<u></u>		
		Firm/Company		
P O BOX 228	30			
		Address		
NEW SMYRM	NA BEACH, FL 32170-22	80		
	Cit	ty/State and Zip Coc	le	
CONFTAXSV	C@AOL.COM	c. c:		
_	E-mail address: (to be used	•	ort notification)	
For further information	concerning this matter, pleas	e call:		
SANDRA TORREN	VCE	at (386	423-7771	
	of Person		e & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filis Certified Co (additional cop	рру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Address tion Section of Corporations Building ecutive Center C see, FL 32301	ircle

CONFIDENTIAL TAX SERVICE

SANDRA TORRENCE, EA

Voice: (386) 423-7771

P. O. Box 2280

Toll Free: 1-866-423-7771

Office: 402 Cedar Avenue

Fax: (386) 423-3744

New Smyrna Beach, FL 32170

E-mail: ConfTaxSvc@AOL.com

August 31, 2010

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

RE: Wayne Murphy Carpentry Inc - dissolution

Wayne Murphy Carpentry LLC- registration

Gentlemen:

I am submitting simultaneously the request to dissolve Wayne Murphy Carpentry, Inc. (with the \$ 35 filing fee)—which has never issued shares and has never operated as a corporation and will never do so—and to register Wayne Murphy Carpentry, LLC, effective the earlier of the filing date or 9/15/2010. The \$125 filing fee is enclosed.

Sincerely,

Sandra Torrence, EA

Onder Tours

Encis.

Effective Date 09/15/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A RT	FICL	FI	_ No	ma.
AK.	\mathbf{L}	ar i	- 112	me:

The name of the Limited Liability Company is:

WAYNE MURPHY CARPENTRY LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
321 N. DIXIE FWY	111 ESTHER ST
NEW SMYRNA BEACH, FL 32168	NEW SMYRNA BEACH, FL 32169

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

WAYNE MURPHY	
Nan	ne
111 ESTHER ST	
Florida street a	address (P.O. Box NOT acceptable)
NEW SMYRNA BEACH	FL 32169
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.,

(CONTINUED)

Registered Agent's Signa

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:

11 ESTHER ST EW SMYRNA BEACH, FL 32169
EW SMYRNA BEACH, FL 32169
· · · · · · · · · · · · · · · · · · ·

REQUIRED SIGNATURE:

Signature of a paember 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.)

WAYNE MURPHY
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

10 CEP -7 AMIO: 55