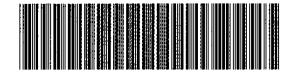
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B. BOSTICK

JUL - 6 2011

**EXAMINER** 

#### COVER LETTER

TO: Registration Section
Division of Corporations

### SUBJECT: JOHNSON & MUPRHY WEALTH ADVISORS, 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:

KEVIN B.	MURPHY					
		Name of Person				
JOHNSO	N & MURPHY W		VISOR	3, LLC		
		Firm/Company				
376 Main	Street- Suite 200					
		Address				
Bedminster	-					
	City	y/State and Zip Code	!		ESE.	$\rightrightarrows$
Kevin@JMV	VAdvisors.com				≥≒	$\subseteq$
	E-mail address: (to be used f	or future annual repo	rt notification)	<u>.                                      </u>	70.5	J Ch
For further information of	concerning this matter, please	call:			23 SEC. 1	
Kevin B. Murphy	•	at ( 908	719-3025			
Name o	of Person	Area Code	& Daytime Tele	ephone Number	RIDA	-
Enclosed is a check fo	r the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	y .	\$160.00 Fi Certificate Certified C (additional co	of Status	s &
The second second	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bi	ourier Address on Section of Corporation uilding ocutive Center (ee; FL 32301	S	<b></b>	
grading to a supporting to a	oneath, godhair o chodann	्य:				
<u>3 to PET 11 to 1</u>	TE GRANT OF FREE S	a luarmely tree	de chomes	Pote i sessori puls delserificiple.	***********	
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## JOHNSON & MURPHY WEALTH ADVISORS, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:  376 Main Street Suite 200  Bedminster, NJ 07921  Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
Suite 200  Bedminster, NJ 07921  Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
egistered agent are:
Boulevard SuiTE 1010
ress (P.O. Box NOT acceptable)
FI 34108
te, and Zip
incept service of process for the above stated limited his certificate. I hereby accept the appointment as in I further agree to comply with the provisions of all informance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

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:

MGRM	Kevin B. Murphy 7225 Pelican Bay Boulevard- Suite 1002 Naples, FL 34108
MGRM	David W. Johnson  376 Main Street
	Bedminster, NJ 07921
	ORIDA
(Use attachment if necessar	<i>y</i> )
LE V: Effective date, if other fective date is listed, the date of filing	r than the date of filing: (OPTIONAL te must be specific and cannot be more than five business days

Signature of a member r 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kevin B. 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)