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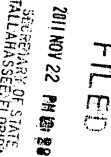
EXAMINER

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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CCT: Murphy-Flores and Associates, LLC Name of Limited Liability Company	つ.
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
-	Megan Murphy Flores Name of Person	
-	Firm/Company	
For furt	Sarasota Flores 76 @ yahoo E-mail address: (to be used for future annual report notification) There are all: Megan M. Flores at (210) 360-9256	
	Name of Person Area Code & Daytime Telephone Number	
	ed is a check for the following amount: Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status \$\int \\$(additional \text{ copy is enclosed})\$ Certified Copy (additional \text{ copy is enclosed})	
	Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations	

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Murphy-Flores and Associates, LLC (Musterd 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:
4979 Windsor Park 935 North Beneva Rol, Samsota, Fl 34235 Suite 609, #102 Sarasota, Fl 34232
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signiture (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual Camother business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: SALASITA PACK AND SHIP The. Name 935 N - BENEVA RD # 609 Florida street address (P.O. Box NOT acceptable)
SAVASOTA FL 3/232 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 Registered Agent's Signature (REQUIRED) (CONTINUED)

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:

MGR	Megan Murphy Flores 4978) Windsor Park Sarosota, Fl 34235
	THE CONTRACT OF THE CONTRACT O
	ASSEE, F
	STATE ORD
(Use attachment if necessary)	date of filing: January 15th 2012 (OPTION

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. 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.)

Typed or printed name of signer

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)