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COVER LETTER

TO:

Registration Section
Division of Corporations

MURRAY PROPERTIES & RENTALS, 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:

DALE S MURRAY Name of Person MURRAY PROPERTIES & RENTALS, LLC Firm/Company 13447 US HWY 301 S Address STARKE, FL 32091 City/State and Zip Code TAMMY@MURRAYFORDSUPERSTORE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DALE S M	URRAY	$_{\rm at}$ 904 $_{\rm 237-3}$	3/5/
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	or the following amount:		
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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

Street/Courier Address

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:	
MURRAY PROPERTIES & RENTALS, LLC (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13447 US HWY 301 S	13447 US HWY 301 S
STARKE, FL 32091	STARKE, FL 32091
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registration of	ered Agent. You must designate an individual or another
Florida street add	luce (D.O. Des NOT acceptable)
ST AUGUSTINE	FL 32092
City, Sta	ate, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, hereby accept the appointment as city. further agree to comply with the provisions of the performance of my duties, and m familiar with registered agent as provided for in Capter 608, F.S

(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:

	Name and Address:	2813 1687
"MGR" = Manager "MGRM" = Managing Member		至一、雙
MGRM — Managing Member		63 R
MGRM	DALE S MURRAY	
	7955 COLEE COVE RD	
	ST AUGUSTINE, FL 32092	97
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(Use attachment if necessary)	•	
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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)