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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SHORE TARY OF STATE DIVISION OF CORPERATION

J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VERONICA MURPHY, 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:	
Veronica Murphy Name of Person	
Keller Williams Firm/Company	
Firm/Company	
22 South Links AVE #204 Address	
Address	
Sarasota, Fl 34236 City/State and Zip Code	
VAM \$64431 @ yakoo, com  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Veronicia Murphy at (203) 415-5581  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	d)
Mailing Address Registration Section  Street/Courier Address Registration Section	

Registration Section
Division of Corporations
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:			
Veronica Murphy, LLC			
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	•	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
22 South Links AUE#204 SAMASOTO, FI 34236	ZZ South Links ALE# 200 Savasotu, Fl 34236	<u>†</u> -	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an indivi	idual o	r
The name and the Florida street address of the registered a	agent are:		
Veronica	MURPHY inks AU # 204		
Name			
22 South L	inks AVE # 204		
Florida street address (P.O. Box	NOT acceptable)		
<u>Sarasota</u> City	FL 34236		
City	Zip		
Deunia	the appointment as registered agent and agree of all statutes relating to the proper and complete gations of my position as registered agent as proper 605, F.S	to act i e perfoi	n this rmance
Registered Agent's Signate	ure (REQUIRISD)		<u> </u>
(CONTINUE	ED)	14 JUN 17 PH	DIVISION (
Page 1 of 2		17 PH I	

Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Vernuca Murphy  Typed or printed name of signed  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certificate of Status (Optional)	Title:		Name and Address:	
Use attachment if necessary)  E. V: Effective date, if other than the date of filing:  Citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.  EV: Other provisions, if any.  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), Floridad representative of the member.  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.  VERONGA MURP HY  Typed or printed name of signed  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)				
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ARTICLE IV-