L16000142390

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu:	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:

Office Use Only



200287928752

07/25/16--01008--015 **125.00

16 JUL 25 AM III: 10 SEGRETARY OF STATE ATT AHASSEF STATEM

I#

COVER LETTER

TO:	Registration Section Division of Corporations	<i>:</i>
SUBJE	ECT: murray's irrigation services LLC Name of Limited Liability Company	
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please i	return all correspondence concerning this matter to the following:	
	Murray Hewey Name of Person	
	name of Feison	
	murray's irrigation services LLC	
	Firm/Company	
	5832 Midland Ave	
	Address	
	Lake Worth, FL 33463	
	City/State and Zip Code	
mı	urravhewey@yahoo.com	
سد	urrayhewey@yahoo.com E-mail address: (to be used for future annual report notification)	
For furt	ther information concerning this matter, please call:	
Murray	y Hewey at (561) 779-1977 Name of Person Area Code Daytime Telephone N	
	Name of Person Area Code Daytime Telephone N	lumber
Enclose	ed is a check for the following amount:	
3 \$125 .0	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing Fee, ificate of Status & ified Copy onal 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 FILED

16 JUL 25 AMII: 10

ARTICLE I - Name:
The name of the Limited Liability Company is:

The name of the Limited Liability Company is.	_SECRETARY OF COLOR
	SECRETARY OF STATE TALLAHASSEE FLORIDA
murray's irrigation services LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5832 Midland Ave	5832 Midland Ave
Lake Worth, FL 33463	Lake Worth, FL 33463
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it	ffice, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or
another business entity with an active Florida regi	
The name and the Florida street address of the regi	stered agent are:
_	
Murray Hewey	Name
	rante
5832 Midland Ave	
Florida street address (P.0	D. Box NOT acceptable)
Lake Worth	FL 33463
City	Zip
	ept service of process for the above stated limited liability company at
	accept the appointment as registered agent and agree to act in this
	isions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in
sy my danies, and i amyanina min and accept	Chapter 605, F.S.
· 126AN	
WHAT.	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

A NATE TO BUT HER A SHARE A STORY AND A STORY AND A SHARE A SH	Name and Address:	16 JUL 25
AMBR" = Authorized Member MGR" = Manager		16 JUL 25
MGR - Mallager	Murray Hewey	SEGRETAR) TALLAHASSI
	5832 Midland Ave	- HELAHASS
	Lake Worth, FL 33463	

V: Effective date, if other than the date	of filing:ecific and cannot be more than five busine	(OPTIONAL) as days prior to or 90 da
Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be specifiling.) VI: Other provisions, if any.	of filing: ecific and cannot be more than five busine	(OPTIONAL) ss days prior to or 90 da
V: Effective date, if other than the date tive date is listed, the date must be spefiling.)	of filing:ecific and cannot be more than five busine	(OPTIONAL) ess days prior to or 90 da
V: Effective date, if other than the date tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	of filing:ecific and cannot be more than five busine mber or an authorized representative of 5.0203 (1) (b), Florida Statutes, the execution the penalties of perjury that the facts statemation submitted in a document to the Depay as provided for in s.817.155, F.S.)	a member. on of this document d herein are true.
V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felonic	mber or an authorized representative of 5.0203 (1) (b), Florida Statutes, the executive of the penalties of perjury that the facts statemation submitted in a document to the Department of the	a member. on of this document d herein are true.
V: Effective date, if other than the date tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of 5.0203 (1) (b), Florida Statutes, the executive of the penalties of perjury that the facts statemation submitted in a document to the Department of the	a member. on of this document d herein are true.