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|                         | usiness Entity Name    | <del> </del> |
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| Certified Copies        | _ Certificates of      | Status       |
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| Special Instructions to | Filing Officer:        |              |
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Office Use Only



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## COVER LETTER

| TO: New Filing Section Division of Corporations   |
|---|
| SUBJECT: Murray Life Investments 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:   |
| Eric Murray Name of Person  |
| Murray Life Investments LLC Firm/Company  |
| 10533 Villa View Cir<br>Address   |
| Tampa, F1 33647  City/State and Zip Code  Murray Investments 19 @ qmail. com  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Eric Murray at 305 788-4774  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee. Certificate of Status (additional copy is enclosed)  S160.00 Filing Fee. Certificate of Status S160.00 Filing Fee. Certificate Opy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>Tallahassee, FL 32301  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| Murray<br>(Must conta   | Life Inition the words "Limited L  | VeStments<br>Liability Company  | LLC<br>, "L.L.C.," or "LLC.")   |   |                    |  |
|---|--|---|---|---|--------------------|--|
| ARTICLE II - Address:<br>The mailing address and street ad-   | dress of the principal of  | fice of the Limite  | d Liability Company is  | :   |                    |  |
| <u>Principa</u>   | Office Address:  |   | Mailing A   | ddress:                                   |                    |  |
| 10533 Villa<br>Tampa, Fl 3  | View Cir<br>3647   |   | 0533 Villa Vie<br>Tampa, Fl. 336  | w (11<br>47                               |                    |  |
| ARTICLE III - Registered Ager<br>(The Limited Liability Company of<br>another business entity with an act<br>The name and the Florida street ac               | annot serve as its own tive Florida registration dress of the registered Eric 10533 Vi Florida street address  | Registered Agent n.) agent are: Murray Name (P.O. Box NOT                                   | You must designate an   | SECKE LARY OF ISTALE TALLAHASSEE, FLORIDA | 19 FEB 21 AM 9: 10 |  |
|   | Tampa  | <u>FI</u>   | 33647   | DC1                                       | 0                  |  |
| Having been named as registered ag<br>place designated in this certificate, l<br>further agree to comply with the pro<br>am familiar with and accept the obli | gent and to accept servic<br>hereby accept the appo<br>visions of all statutes re-<br>gations of my position a | ce of process for the<br>intment as registed<br>lating to the propers<br>is registered agen | ne above stated limited l<br>red agent and agree to<br>r and complete perforn | act in this capacity. It                  | 1                  |  |

(CONTINUED)

| D 4 3 413 TOB = 3 - 45 - 4 - 4 - 4 - 4   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager   |  |
|  | Eric Murray  |
|  | 10533 Villa View Cir   |
|  | Tampa , F1 33647   |
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| (Use attachment if necessary)  |  |
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| LE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does no  | specific and cannot be more than five business days prior to or 90 control timeet the applicable statutory filing requirements, this date will not be  |
| LE V: Effective date, if other than the defective date is listed, the date must be of filing.)   | specific and cannot be more than five business days prior to or 90 control timeet the applicable statutory filing requirements, this date will not be  |
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| E V: Effective date, if other than the diffective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a This document is exert am aware that any faconstitutes a third degree. | specific and cannot be more than five business days prior to or 90 cent meet the applicable statutory filing requirements, this date will not but of State's records.  Museum  member of an authorized representative of a member, cented in accordance with section 605,0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State   |

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\$ 5.00 Certificate of Status (Optional)