# L19000207187

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

R KEMPLE AUG 2 0 2019



600332960256

19 和6 19 题目: 14

FILED 19 AUG 19 PH 1:17

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/19/19

NAME:

MURRAYTALK, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is: MURRAYTALK, LLC

#### ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

1841 NE 42ND STREET

POMPANO BEACH, FLORIDA 33064

The mailing address of the Limited Liability Company is:

**4005 SINOVA STREET** 

LOS ANGELES, CALIFORNIA 90031

#### ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

WILLIAM MURRAY

1841 NE 42ND STREET

POMPANO BEACH, FLORIDA 33064

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 605, F.S.

x\_\_\_\_\_\_William Murray WILLIAM MURRAY / Registered Agent's signature MA 61 SEV

#### PAGE 2 MURRAYTALK, LLC

#### ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
WILLIAM MURRAY
1841 NE 42ND STREET
POMPANO BEACH, FLORIDA 33064

x William Murray

WILLIAM MURRAY / Authorized Representative's signature

(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.)