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PICK-UP	WAIT	MAIL
(Busines	ss Entity Name)	
(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	 g Officer	
- -		
	Office Use Only	
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		PICK UP	BROOK 5/23
		CERTIFIED COPY	
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1.		MURRELL DEVELOPMEN (CORPORATE NAME AND DOCUME	
2.		(CORPORATE NAME AND DOCUME	NT #)
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SPI	ECIAI	LINSTRUCTIONS:	

#### **COVER LETTER**

TO:	New Filing Sec Division of Cor				
eunira		velopment LLC			
SUBJEC	-I:	Name of Lin	nited Liabili	ty Company	
The enci	losed Articles of	Organization and fee(s) are	submitted	for filing.	
Please re	eturn all correspo	ondence concerning this ma	itter to the f	ollowing:	
	Christopher (	Gero Prado			
			Name of	Person	
	Galbraith We	eatherbie Law, PLLC			
		<u> </u>	Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·
	999 Vanderb	ilt Beach Rd., Ste. 509			
			Addr	ess	
	Naples, FL 3	4108			
			ity/State an	d Zip Code	
	carias@gwtru	<del> </del>		· · · · · · · · · · · · · · · · · · ·	•
	I	E-mail address: (to be used	for future 2	innual report notificat	ion)
For furthe	er information co	ncerning this matter, please	e call:		
	Christopher (	Gero Prado 23 at (	39	3252298	
	Nam		rea Code	Daytime Telephon	e Number
Enclose	d is a check for t	he following amount:			
■\$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Murrell Development	LLC		
	in the words "Limited Lial	bility Company.	'L.L.C" or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	dress of the principal offic	e of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
2827 Silverleaf Lane		2827	Silverleaf Lane
Naples, FL 34105		Napl	es. Fl. 34105
The Limited Liability Company	cannot serve as its own Re	gistered Agent. \	it's Signature: You must designate an individual c
The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration.)	gistered Agent. \	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration.)	egistered Agent. \	
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration.)  ddress of the registered ag  Galbraith Statutory Age	egistered Agent. \	
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration.)  ddress of the registered ag  Galbraith Statutory Age	egistered Agent. \ gent are: nt, LLC	
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration.)  ddress of the registered ag  Galbraith Statutory Age	gistered Agent. Sent are: nt, LLC Jame	ou must designate an individual o
(The Limited Liability Company of another business entity with an ac	cannot serve as its own Rective Florida registration.)  ddress of the registered ag  Galbraith Statutory Age  N  999 Vanderbilt Beach R  Florida street address (F	gent are: nt, LLC Jame d Stc. 509 P.O. Box NOT ac	ou must designate an individual o

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### **ARTICLE IV-**

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

Title:	Name and Address:
"AMBR" Authorized M "MGR" = Manager	mber
MGR	Howard J. Murrell, Jr. 2827 Silverleaf Lane Naples, FL 34105
AMBR	Stacev L. Murrell 2827 Silverleaf Lane Naples, FL 34105
AR	Rachel S. Murrell 2827 Silverleaf Lane Naples, F1, 34105
AR	Allison B. Murrell 2827 Silverleaf Lane Naples. FL 34105
(Use attachment if necess	ry)
(If an effective date is listed, the d the date of filing.)	•
This doc I am awa	RE:  Mature of a member or an authorized representative of a member.  ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  e that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155. F.S.
<u>H</u>	ward J. Murrell, Jr.  Typed or printed name of signee

as

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)

#### ARTICLE IV-

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

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Howard J. Murrell. Jr.  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	'AMBR" = Autl		
Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 certifiling.)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not literate seffective date on the Department of State's records.  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  Howard J. Murrell, Jr.  Typed or printed name of signee  Filling Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$3.0.00 Certified Copy (Optional)		horized Member	
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