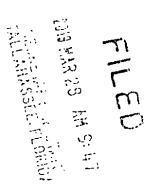
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date:	03/28/2019	
	Merritt Walker	
	#:1062817	
		T CAPITAL ADVISORS, LLC
✓ Artio	cles of Incorporation/Authoriza	ion to Transact Business
Ame	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized	Amount: \$125	
Signature:	. ***	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/28/2019	
	Merritt Walker	
	1062817	_
		CAPITAL ADVISORS, LLC
✓ Artic!	es of Incorporation/Authorization	n to Transact Business
Ame	ndment	
☐ Char	nge of Agent	
Rein:	statement	
☐ Conv	version	
☐ Merg	er	•
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized /	Amount: \$125	
Signature: _	(MM)	

F: 800.944.6607

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Murray Street Capita	al Advisors, LLC				
SOBJECT.	 	Name of	Limited Liability (ompany		
The enclosed Existence, an	"Application by Ford check are submitted	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limit	tion to Tra ed liability	ansact Business in Florida," C y company to transact busine	Certificate of ss in Florida.
Please return	all correspondence c	oncerning this matter to the	following:			
	Jordan Alhadef	ſ				
		N	ame of Person			
	Murray Street C	Capital Advisors, LLC				
		F	irm/Company			
	1845 SE 4th Av	ve				
		-	Address			
	Fort Lauderdale	e, Florida 33316				
		City/S	tate and Zip Code			
	jordan@murrays	·				
		E-mail address: (to be use	d for future annual	report not	tification)	
For further in	nformation concerning	g this matter, please call:				
Jord	dan Alhadeff		954 at (314-67		
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations of Section suilding ecutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	meh loreign limited hability company is organized)	3. <u>(111 ne</u>	
	duch foreign firmled liability company is organized).	alline	
1012 CIT JUL A		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	osber - Eupplicables
1012 CIT Job A.:			
10.12 012 3/4 4 //	Date first transacted business in Honda, it po See sections 608-6904 at 648-6905, E.S. to c		
1845 SE 4th Ave		6. 1845 SE 4th Ave	
(Street Address or I Fort Lauderdale, Floric		Matine Vi Fort Landerdale, Florida	
POT L'AUGCTORIC, FIORIC	33340	POR Landerdate, Profita	
Same and <u>street addres</u>	ss of Florida registered agent: (P.O.	Box NOT acceptable)	制にる
Name:	Jordan Alhadeff	·	ි. දුරු ගුදු
Office Address:	1845 SE 4th Ave		图 图 图
vince madess.			بر م
	Fort Lauderdale		
			는 - 김동 1
ving been named as re ignated in this applica omply with the provisi	gistered agent and to accept service tion. I hereby accept the appointme	t/pec e of process for the above stated limite ont as registered agent and agree to ac oper and complete performance of my	t in this capacity. I further
ving been named as re ignated in this applica comply with the provisi I accept the obligation.	stance: egistered agent and to accept service etion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. (Registered ag	cope of process for the above stated limite ont as registered agent and agree to acoper and complete performance of my	t in this capacity. I further
ignated in this applica comply with the proviso Laccept the obligation	stance: egistered agent and to accept service etion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent. (Registered ag	cope of process for the above stated limite ont as registered agent and agree to acoper and complete performance of my	t in this capacity. I further
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ving been named as reignated in this applica comply with the provisor accept the obligation. The name, title or capa Title or Capacity:	stance: trigistered agent and to accept service trion, I hereby accept the appointme tions of all statutes relative to the pro s of my position as registered agent. Registered ag acity and address of the person(s) wh Name and Address: Jordan Alhadeff 1845 SE 4th Ave Fort Lauderdale Florida, 33316	e of process for the above stated limite out as registered agent and agree to acoper and complete performance of my affigurate. Title or Capacity:	t in this capacity. I further duties, and I am familiar

Exped or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MURRAY STREET CAPITAL ADVISORS, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MURRAY STREET CAPITAL ADVISORS, LLC" WAS FORMED ON THE TWELFTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202521383

Date: 03-26-19

7191135 8300 SR# 20192291199