## **M19000007822**

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	······································
(Cit	y/State/Zip/Phone #	<del>*</del> )
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	V.J. Murphy Investments LLC	,						
SOBJECT		Name of Limite	ed Liability (	Company		-		
	Application by Foreign Limit check are submitted to registe							
Please return a	ll correspondence concerning	this matter to the follow	wing:					
	Melinda M. Ward							
		Name o	f Person			_		
	Van Osdol, PC							
	Firm/Company							
	1000 Walnut Street, Suite 1500							
	Address							
	Kansas City, MO 64106							
		City/State a	nd Zip Code			_		
	mward@vanosdolkc.com							
	E-mail ac	ddress: (to be used for t	uture annual	report notification)		, 201		
For further inf	ormation concerning this matte	er, please call:			·.	ŞC I 2019 AUG		
Meli	nda M. Ward	at (	816	392-1640		1		
	Name of Contact I	Person	Area Code	Daytime Telepho	one Number			
Divis Regis P.O.	tration Section Sox 6327 nassee, FL 32314			STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle	E. Sul		
Pleas	sed is a check for the following make check payable to: FLC	ORIDA DEPARTMEN	_	_		B 0 :4		
<b>=</b> \$	125.00 Filing Fee	30.00 Filing Fee & Certificate of Status		<u> </u>	_	g Fee, Certifica ertified Copy	te	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Jurisdiction under the law of w		_					
	thich foreign limited biblity company is organized)	3		(FEI number,	il applicable)		
	(Date first transacted business in Florida, if prior to registrat (See sections 605 0904 & 605 0905, FS to determine pena	tion) ity liability)					
Villiam and Jeri Murphy	,	Van Os	sdol, PC				
(Street Address of	Principal Office)	·. <u>—</u>		(Mailing Address	)	·	
500 Gulf Boulevard #3	05	1000 W	'alnut Str	eet, Suite 150	0	<del></del>	
dian Shores, FL 33785		Kansas	City, MO	64106			
ame and street addres  Name:	ss of Florida registered agent: (P.O. Box NO)  LegalInc Corporate Services Inc.	<u>C</u> acceptab	le)		: •.	2019 AUG	
Office Address:	5237 Summerlin Commons, Suite 400					-5 PH	
	Fort Myers		Florida _	33907		t: L:	;" ":
	(City)						

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:

Name and Address:

William T. Murphy

Manager

Name:

16309 Turnberry

16309 Turnberry

Title of Capacitys					
Manager	Name: William T. Murphy	Manager	Name: William T. Murphy Trust 10/7/0 Address: 16309 Tumberry		
Member	Address:	■ Member			
XAuthorized	Village of Loch Lloyd, MO 64012	Authorized	Village of Loch Lloyd, MO 64012		
Person		Person			
Other	Other	Other	Other		
Manager	Name: Jeri L. Murphy Trust 10/7/03	☐ Manager	Name:		
Member	Address: 16309 Turnberry	☐ Member	Address:		
Authorized	Village of Loch Lloyd, MO 64012	☐ Authorized			
Person		Person			
Other	Other	Other	Other		
□Manager	Name:	☐ Manager	Name:		
Member	Address:	Member	Address:		
Authorized		Authorized			
Person		Person	<u></u>		
Other	Other	Other	Other		

<u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.

Signature of an authorized person
William T. Manphy, Manager

Typed or printed name of signee

STATE OF MISSOURY

## John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

W.J. Murphy Investments LLC LC1174826

was created under the laws of this State on the 5th day of October, 2011, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 26th day of July, 2019.

Secretary of State

Certification Number: CERT-07262019-0072