

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation
Limited Liability Company**

**Filed in the Office of the
Secretary of State of Texas
Filing #: 802301179 09/28/2015
Document #: 632463740002
Image Generated Electronically
for Web Filing**

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

ME ALPHA I LLC

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

Murray David

C. The business address of the registered agent and the registered office address is:

Street Address:

7019 Ten Curves Rd. Spring TX 77379

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **Murray David**

Title: **Manager**

Address: **7019 Ten Curves Rd. Spring TX, USA 77379**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

Supplemental Provisions / Information

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

David Murray 7019 Ten Curves Rd., Spring, TX 77379

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

David Murray

Signature of Organizer

FILING OFFICE COPY

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements



05-102
(Rev. 9-11/30)

Code 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.

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Taxpayer name ME ALPHA I LLC				Secretary of State (SOS) file number or Comptroller file number 0802301179			
Mailing address 7019 TEN CURVES RD							
City SPRING		State TX		ZIP Code 77379		Plus 4	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

Officer, director and manager information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or managers change throughout the year.



SECTION A Name, title and mailing address of each officer, director or manager.

3205842472516

Name David Murray	Title manager	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address 23928 Skyline	City Mission Viejo	State California	ZIP Code 92692
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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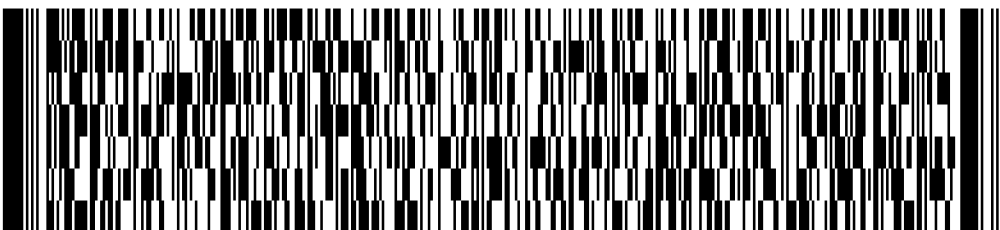
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: MURRAY DAVID							
Office: 7019 TEN CURVES RD.		City: SPRING		State: TX		ZIP Code: 77379	

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Signature David Murray	Title Electronic	Date 05-08-2016	Area code and phone number (949) 228 - 6412
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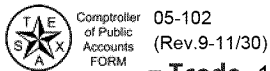
Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report



To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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Taxpayer name ME ALPHA I LLC				Secretary of State (SOS) file number or Comptroller file number 0802301179			
Mailing address 7019 TEN CURVES RD							
City SPRING		State TX		ZIP Code 77379		Plus 4	

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

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Principal place of business

Please sign below!

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SECTION A Name, title and mailing address of each officer, director or manager.

3205842472517

Name DAvid Murray	Title Manager	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

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Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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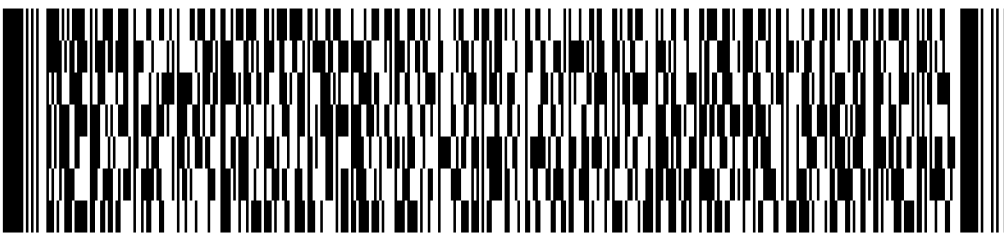
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: MURRAY DAVID							
Office: 7019 TEN CURVES RD.		City: SPRING		State: TX		ZIP Code: 77379	

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here David Murray	Title Electronic	Date 05-01-2017	Area code and phone number (949) 228 - 6412
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements



05-102
(Rev. 9-11/30)

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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Taxpayer name ME ALPHA I LLC				Secretary of State (SOS) file number or Comptroller file number 0802301179			
Mailing address 7019 TEN CURVES RD							
City SPRING		State TX		ZIP Code 77379		Plus 4	

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

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SECTION A Name, title and mailing address of each officer, director or manager.

3205842472518

Name DAVID MURRAY	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name DAVID MURRAY	Title MANAGER	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y [][][][][][]
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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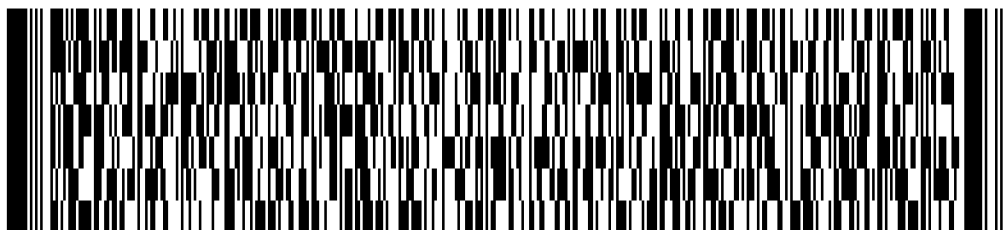
Registered agent and registered office currently on file. (see instructions if you need to make changes)				● Blacken circle if you need forms to change the registered agent or registered office information.			
Agent: MURRAY DAVID							
Office: 7019 TEN CURVES RD.		City SPRING		State TX		ZIP Code 77379	

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here David Murray	Title Electronic	Date 04-22-2018	Area code and phone number (949) 228 - 6412
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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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3 2 0 5 8 4 2 4 7 2 5

2 0 2 0

Taxpayer name ME ALPHA I LLC		Secretary of State (SOS) file number or Comptroller file number 0802301179	
Mailing address 15810 CONNERS ACE DR			
City SPRING	State TX	ZIP Code 77379	Plus 4

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
Principal place of business

Please sign below!

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SECTION A Name, title and mailing address of each officer, director or manager.

3205842472520

Name DAVID MURRAY	Title MANAGER	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name DAVID MURRAY	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
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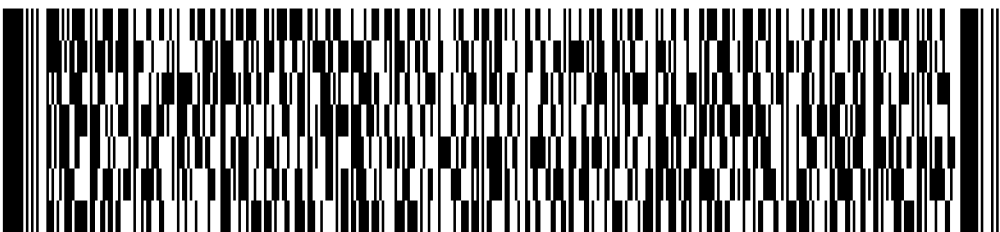
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: MURRAY DAVID	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.
Office: 7019 TEN CURVES RD.	City SPRING State TX ZIP Code 77379

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here David Murray	Title Electronic	Date 03-18-2020	Area code and phone number (949) 228 - 6412
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Texas Comptroller Official Use Only



VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

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2 0 2 1

Taxpayer name ME ALPHA I LLC		Secretary of State (SOS) file number or Comptroller file number 0802301179	
Mailing address 15810 CONNERS ACE DR			
City SPRING	State TX	ZIP Code 77379	Plus 4

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

Please sign below!

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SECTION A Name, title and mailing address of each officer, director or manager.

3205842472521

Name DAVID MURRAY	Title MANAGER	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name DAVID MURRAY	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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Registered agent and registered office currently on file. (see instructions if you need to make changes)

Agent: **MURRAY DAVID** Blacken circle if you need forms to change the registered agent or registered office information.

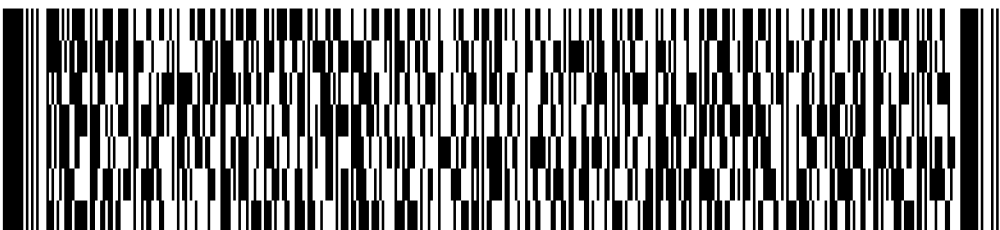
Office: **7019 TEN CURVES RD.** City **SPRING** State **TX** ZIP Code **77379**

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I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or manager and who is not currently employed by this, or a related, corporation or limited liability company.

sign here **David Murray** Title **Electronic** Date **11-01-2021** Area code and phone number **(949) 228 - 6412**

Texas Comptroller Official Use Only



VE/DE PIR IND





Comptroller of Public Accounts FORM 05-102 (Rev.9-11/30)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions

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■ Tcode 13196 Franchise

■ Taxpayer number

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Taxpayer name ME ALPHA I LLC		Secretary of State (SOS) file number or Comptroller file number 0802301179	
Mailing address 15810 CONNERS ACE DR			
City SPRING	State TX	ZIP Code 77379	Plus 4

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SECTION A Name, title and mailing address of each officer, director or manager.

3205842472522

Name DAVID MURRAY	Title MANAGER	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name DAVID MURRAY	Title DIRECTOR	Director <input checked="" type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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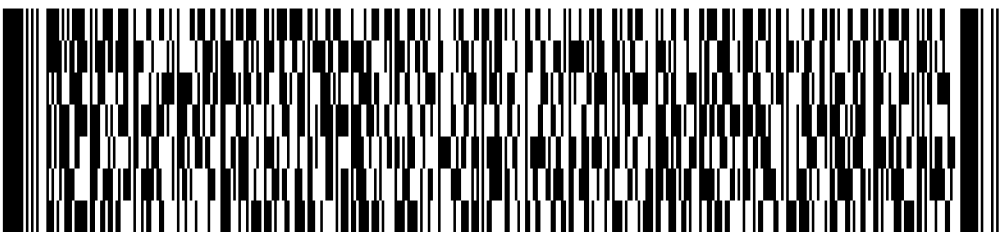
Registered agent and registered office currently on file. (see instructions if you need to make changes) Agent: MURRAY DAVID	<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.
Office: 7019 TEN CURVES RD.	City SPRING State TX ZIP Code 77379

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sign here David Murray	Title Electronic	Date 02-12-2022	Area code and phone number (949) 228 - 6412
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Texas Comptroller Official Use Only



VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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