FILED In the Office of the Secretary of State of Texas

CERTIFICATE OF FORMATION (LIMITED LIABILITY COMPANY) OF MURRAY EQUITY, L.L.C.

SEP 2 0 2013

Corporations Section

The undersigned, a natural person of the age of eighteen (18) years or more, acting as organizer of a limited liability company under the Texas Business Organizations Code (the "Act"), does hereby adopt the following certificate of formation of a limited liability company as follows:

Article I Name

The name of the limited liability company is: Murray Equity, L.L.C. ("Company").

Article II Duration

The period of duration of the Company is perpetual.

Article III Purposes

The purpose for which the Company is organized is the transaction of any and all lawful business for which a limited liability company may be organized under the Act.

Article IV
Principal Place of Business; Registered Agent

The address of the Company's principal place of business in Texas is 7019 Ten Curves Road, Spring, Texas 77379; the address of the Company's initial registered agent in Texas is 7019 Ten Curves Road, Spring, Texas 77379; and the name of such initial registered agent is Daniel Joseph Murray.

Article V Management

The number of Managers shall be fixed by the company agreement of the Company and, until changed in accordance with the manner prescribed by the company agreement, shall be one (1).

The name and address of the Manager who is to serve as a Manager until the first annual meeting of the members of the Company, or until successor(s) are duly elected, are as follows:

Name

Address

David E. Murray

23928 Skyline, Mission Viejo, California 92692

Article VI Limitation of Liability

To the maximum extent provided by law, each Manager of the Company shall not be liable to the Company or its members for monetary damages for an act or omission in such Manager's capacity as a Manager, except that this Article does not authorize the elimination or limitation of the liability of such Manager to the extent the Manager is found liable for:

- (1) a breach of his or her duty of loyalty to the Company or its members;
- (2) an act or omission not in good faith that constitutes a breach of duty of the Manager to the Company or an act or omission that involves intentional misconduct or a knowing violation of the law;
- (3) a transaction from which such Manager received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the Manager's office; or
- (4) an act or omission for which the liability of such Manager is expressly provided for by an applicable statute.

Article VII Actions Without a Meeting

Any action required or permitted to be taken at a meeting of the members of the Company may be taken without a meeting, without prior notice, and without a vote if a consent in writing, setting forth the action so taken, shall be signed by the holder or holders of membership interests that would be necessary to take such action at a meeting at which the holders of all membership interests entitled to vote on the action were present and voted.

Article VIII Organizer

The name and address of the organizer is:

Name

Address

Frank Earley

1035 Walnut Pointe

League City, Texas 77573

IN WITNESS WHEREOF, I have hereunto set my hand this 20th day of September, 2013.

Frank Farley Organi

MurrayDavidELLCCertificateFormationMEquity.wpd

Filing Number: 801854404

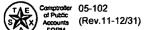
Texas Franchise Tax Public Information Report

S 2 1000 05-102 16 9000 (Rev.9-11/30) $To \ be \ filed \ by \ Corporations \ , Limited \ Liability \ Companies \ (LLC) \ and \ Financial \ Institutions$

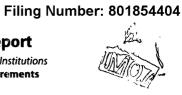
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Tax	payer nu	ımber									■ Re	port y	ear		You have		_	,					le,
3	2 0	5	2	0	2	8	7	2	0		2	0	1	4	to review, i Contact us	•	•				n file abo	ut you.	
Гахра	ayer nam	e ML	JRR	ΔΥΙ	EQU	ITY.	L.L.	.C.								,,	,						
Mailir	ng addre	SS			CUR														retary of			numbe	r or
City				EIN		· · ·			ate		TX			ZIP	Code 77379	Plus	5 4		•		85440	4	
$\overline{}$	Blacken	circle it				lv no c	hange	s fron	n previ			no info	rmatio		isplayed, cor	nplete	the applica	able inforr					
Princi	pal offic										•					•		\neg			•		
rinci	pal place	of bu	siness															-					
	i <i>se sigi</i>		-	Repo repo offic	ort is cort. The ers, di	omple ere is rector	eted. no red s, or r	The ir quirer nanag	nforma ment o gers ch	ation i or proc ange	s upd edure throu	ated a e for s ighou	nnua upple t the y	lly as ment /ear.	e date a Puk part of the f ing the info	ranchi	se tax		320	052028	72014		
Name						9 4 6 6					tle			,		Dire	ector	<u> </u>		<i>m</i>	d d	l y	у
Da	vid Mı	ırray										ŗ	Mana	agei			YES	Term expiration					
Mailir	ng addre	SS								Ci	ty							State			ZIP Code	2	
Name	:									Tit	tle					Dire	ector		m	m	d d	l y	у
																C) YES	Term expiration	on				
Mailir	ng addre	SS								Ci	ty							State			ZIP Code	2	
Name	2									Tit	tle					Dire	ector	Term	m	m	d d	l y	у
																C) YES	expirati	on				
Mailir	ng addre	SS								Ci	ty							State			ZIP Code	2	
SECT	ION B	Enter	the in	form	ation	requi	red fo	or eac	h corr	orati	on or	LLC,	if any	, in w	hich this er	ntity o	wns an in	terest of	10 perce	ent or	more.		
Name	of own	ed (sub	sidiar	y) co	rporat	ion or	limite	ed liak	ility co	ompa	ny	9	tate o	of for	mation		Texas SO	S file num	ber, if ar	ıy Perc	entage o	of owner	ship
Name	of own	ed (sub	sidiar	y) co	rporat	ion or	limite	ed liak	ility co	ompa	ny	9	state	of for	mation		Texas SO	S file num	ber, if ar	ıy Perc	entage o	of owner	ship
SECT		Enter t				requi	red fo	or eac	h corr	oorati	on or	· LLC,	if any	, that	owns an in	terest	of 10 pe	rcent or r	nore in t	:his en	tity or li	mited	
Name	of own	ed (par	ent) c	orpo	ration	or limi	ited li	ability	/ comp	oany		9	state	of for	mation		Texas SO	S file num	ber, if ar	ıy Perc	entage o	of owner	ship
	tered ag t: DAN							on file	. (see	instru	ctions	if you	need	to ma	ke changes)	С		n circle if y istered ac					itior
Office	7019	9 TEI	N CL	JRV	ES F	RD								Cit	у	SPR	ING		State 7	ГХ	ZIP C	ode 77379	
														mited	liability comp	any tha	nt files a Tex	as Franchi	se Tax Rep	ort. Use	addition	al sheets	
I decla		e inforn	nation	in this	s docur	nent ar	nd any	attach	ments	is true	and co	orrect t	o the l		my knowled								
been i sigr		each pe	rson n	amed	in this	report	who is	an off	icer, di	rector	or mar	nager a Title	nd wh	o is no	t currently er	nployed		a related, o			nited liabil and pho	, ,	
nere	Dav	/id N	lurra	ay									Ele	ectr	onic		04-25-	2014			228 -		
									Te	xas	Com	ptro	ller	Offic	ial Use C	nly							
																		VE/D			R IND		
								Telli	1\ \	71 1 1						▋▍▜▐					# 18 11 8 11		



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		■ Repor	i yea	ar T	_			_	der Chapter S					
3 2 0 5 2 0	2 8 7 2 0	2 0)	1 5	.				ct informatio 1or (512) 463		e on file abou	it you.		
axpayer name MURRAY E	EQUITY, LLC						· · · · · · · · · · · · · · · · · · ·							
Mailing address 7019 TEN (e (SOS) file r	number o		
SPRING	State	TX		Z	IP C	ode 77379	Plus 4		Compt	roller file موم	number 91854404	,		
	currently no changes from previous		form				ploto th	o applica	blo informati					
Principal office	unertay no changes from previous	s year, ii iio ii	110111	iationi	is uis _l	Jiayeu, com	piete tri	e applica		on in seci	ions A, D and	С.		
ABOVE Principal place of business										R SUTTI ETKIL USIN I	PR CON CON CON CON	TRIN ORKU ANKRI GID		
Tincipal place of business														
lease sign relow! Repo	cer, director and manager inform ort is completed. The informatio ort. There is no requirement or p cers, directors, or managers chan	on is updated procedure fo	d anr r sup	nually a pleme	as pa entin	irt of the fra	anchise	tax		100	0000000	008		
	mailing address of each officer	<u> </u>	r mai	nager.										
Name		Title					Direct		m m d d y					
DAVID MURRAY			MA	NAG	ER		0	YES	expiration					
Mailing address 7019 TEN CURVES		City		S	SPR	ING		·	State 7)	<u> </u>	ZIP Code 77 .	379		
Name	Title					Direct		Term	m m d d y					
							0.	YES	expiration					
Mailing address		City			;				State		ZIP Code	,		
Name: 1		Title	N. s				Direct	tor	- %	· m · n) . dd.	y .)		
	Christian American	Sept 5.			<i></i>		0	YES	Term expiration	P	Ha H			
Mailing address		City	1	18 3.15 9 12.16	117.1		1 1 1 1 1 1 1	Marie Control	State	in the same	· ZIP Code			
SECTION B Enter the inform	nation required for each corpor	<u> </u>			whi				<u></u>	 				
r	rporation or limited liability com					ation .	•		5 file number	•		ownersh		
Name of owned (subsidiary) cor	rporation or limited liability com	pany	Sta	ate of f	orm	ation		exas SOS	S file number	if any Po	ercentage of	ownershi		
	• • • • • • • • • • • • • • • • • • • •	· ·					1_							
SECTION C Enter the informal liability company	nation required for each corpor	ration or LL	C, if a	any, th	nat o	wns an int	erest o	f 10 per	rcent or moi	e in this	entity or lin	ited		
	ration or limited liability compar	ny	Sta	te of f	orm	ation	Т	exas SOS	S file numbe	, if any Po	ercentage of	ownershi		
Registered agent and registered	d office currently on file. (see ins	tructions if y	ou ne	ed to r	make	changes)		Blacken	r circle if you	need for	ms to chang	<u> </u>		
Agent: Dan Mur	·						<u>.O</u>		istered agen	t or regist	ered office i	nformatio		
Office:					City				Sta	ate	ZIP Co	de		
	by Section 171.203 of the Tax Code fo				ted lia	bility compa	iny that i	files a Tex	as Franchise T	ax Report.	Use additiona	sheets		
<u> </u>	 The information will be available for s dogument and any attachments is t 	· · · · · ·			t of m	ny knowledge	e and be	lief, as of	the date belov	v, and that	a copy of this	report has		
	this report who is an officer, direc						ployed b	y this, or	a related, corp		limited liabilit de and phon			
sign)	the Cartago San San		M	9ha	5 <		6	, / n	115	(949)228 - (64/2		
X	Toy	as Compt					alv				•			
5 4001/Day 44 40/2														
	1) 13196 320520287 (Pacific Daylight Tin			ved	JU	11 17 ZC :	. כונ	• • •	VE/DE		PIR IND			
L'inài'an Giai L-n nn	A acino payiidur Ini	اودوازع	' !								-,			
	•	-												
								il.		6 IE (IE l				

00032881701

Filing Number: 801854404

TX 2016 Ver. 7.0 05-102 (Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number	R	eport year	 _			•	ınder Chapter	
463728630	20	16		Go	vernment Code, t we have on file a			
Texpayer name MURRAY EQUITY LLC			•		Check box if th	e mailing a	ddress has	changed.
Mailing address 23928 SKYLINE					I	ary of State	(SOS) file i	number or
City	ate CA		ZIP code plus 4 92692					
X Check box if there are currently no changes from pre		nformation is		te the applicab	le information i	n Sections	A, B and C.	
Principal office 23928 SKYLINE	MISSION '	VTP.TO	CA 92	692				
Principal place of business								
You must report officer, director, member, general partne	r and manager info		CA 92					
Please sign below! This report must be	_		•					
SECTION A Name, title and mailing address of ea	-	-	-			0463	372863	30016
Name	Title	or, member,	general partner	Director	· 	m m	d d	уу
				YES	Term expiration			
NONE Mailing address	City		-		State		ZIP Code	
Name	Title			Director		m m	 d d	у у
				YES	Term expiration			
Mailing address	City				State		ZIP Code	
Name	Title			Director	 	m m	d d	у у
				YES	Term expiration			
Mailing address	City				State		ZIP Code	
SECTION B Enter information for each corporation, LL	C, LP, PA or finan	cial institution	, if any, in which the	nis entity owns	an interest of 1	0 percent o	or more.	
Name of owned (subsidiary) corporation, LLC, LP, PA or financial in	nstitution	State of f	ormation	Texas SC	S file number, if a	ny Per	centage of ow	nership
NONE Name of owned (subsidiary) corporation, LLC, LP, PA or financial in	nstitution	State of f	ormation	Texas SO	S file number, if a	ny Pero	centage of ow	nership
				I				
SECTION C Enter information for each corporation						<u>'</u>		
Name of owned (parent) corporation, LLC, LP, PA or financial instit NONE	ution	State of f	ormation	Texas SO	S file number, if a	ny Per	centage of ow	nersnip
Registered agent and registered office currently on file (see instructions)	tions if you need to ma	ake changes)			a filing with the Se	•	-	registered
Agent:			City	agent, registered	d office or general Sta	<u> </u>	ZIP Cod	θ
Office: The information on this form is required by Section 171.203 of the Ta			P, PA or financial inst	tution that files a	Texas Franchise	Tax Report. U	Jse additional	
sheets for Sections A, B and C, if necessary. The information will be I declare that the information in this document and any attachments			nowledge and belief,	as of the date be	elow, and that a co	py of this rep	ort has	
been mailed to each person named in this report who is an officer, tLLC, LP, PA or finalicial institution.		eral partner or n		ot currently emplo		elated corpor	ation,	
sign here		Title MEMBER		Date 04/04/2	016	Area code a	nd phone nur	ber
-X	Texas Compti	oller Offic	ial Use Only					
					VE/DE	Р	IR IND	
			⋗ ⋒⋈			-		
		┇┪╻┠╸┇╸	▗╣║╋┺					

TX 2017

05-102 (Rev 9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number		Report year						under Chapte	er 552 and 559,
463728630		2017							rrect information 1-800-252-1381.
Taxpayer name MURRAY EQUITY LLC				. [Check			address has	
Mailing address 23928 SKYLINE							ary of Stati roller file n		number or
CAY MISSION VIEJO	State CA	_	ZIP code plus 4 92692			7 ·			
Check box if there are currently no changes from	·	o information is		the app	licable info	mation is	n Sections	A, B and C	D .
Principal office 23928 SKYLINE	MISSION	VIEJO	CA 920	6 92					
Principal place of business 23928 SKYLINE	MISSION	VIETO	CA 920	692					
You must report officer, director, member, general part					report.				
Please sign below! This report must be	_	-					046	37286:	30017
SECTION A Name, title and mailing address of	each officer, dir	ector, member		Or mana Director	iger.		m m	d d	уу
				YE!					
NONE	Chi				State	piration	L	ZIP Code	
Mailing address	Crty				State				
Name	Title			Director	Ter	m	m m	d d	у у
Mallan address	City			L YE	State	oiration	L.,	ZIP Code	
Mailing address	City				Stati	.		ZIP CODE	
Name				A.	7	m	m m	d d	у у
				'	ext	ation			
Mailing address	E ty	4 1			State			ZIP Code	
SECTION B Enter information for each corporation,	LLC, LP, PA or fir	ancial institution	, if any, in which th	is entity o	wns an int	erest of	10 percent	or more.	
Name of owned (subsidiary) corporation, LLC, LP PA or finance	al institution	State of	formation	Tex	as SOS file r	number, if a	any Pe	rcentage of c	ownership
Name of owned (subsidiary) corporation, LLC, LP PA or finance	al institution	State of	formation	Tex	as SOS file r	number, if a	any Pe	rcentage of c	ownership
L	' '						1		
SECTION C Enter information for each corporat				_			<u> </u>		
Name of owned (parent) corporation, LLC, LP, PA or financial in NONE.	nstitution	State of	formation	Tex	as SOS file r	number, if a	any Pe	rcentage of c	ownership
Registered agent and registered office currently on file (see inst	tructions if you need t	o make changes)			make a filing		-	State to chang	ge registered
Agent			City	ageni, regi	Stered Office	u. gunuru	t parmer inic ate	ZIP Co	ode
Office: The information on this form is required by Section 171.203 of the	ne Tax Code for each	corporation, LLC, L	P, PA or financial instit	tution that	Mes a Texas	Franchise	Tax Report.	Use addition	nal
sheets for Sections A, B and C, if necessary. The information wi	Il be available for pub	lic inspection.							
I declare that the information in this document and any attachme been mailed to each person named in this report who is an office LLC, LP, PA or fearcal institution.									
sign x here #		Title		Date	1/2017			and phone no	
here #		MEMBER	<u>:</u>	Ų3/Z4	1/2017		(949 <u>7</u> 2	228-641	LZ
	Texas Com	ptroller Offic	ial Use Only		_				
			0			E/DE		PIR IND	
	~~		Y 8144. I		▎┕				
MINING BUYEN LINE		וואילע			,, ma =				
	▝▄▐▞▓▐╇▗╏	法内认							
	▗▘█▞▖┢⋎┝		▗ ▞▐ ▘ ▋ ▃▊						! 1861 II IBB B
יין ווו וודיורי דו דדו של היושויין וו		ed idali.			1				



To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise											
■ Taxpayer number	Report	year			ou have certain rights under Chapter 552 and 559,						
4 6 3 7 2 8 6 3 0	2 0	1 1	8			v, request and correct inforn ou. Contact us at 1-800-252					
MURRAY EQUITY LLC				■ O Bla	cken circle if the m	nailing address has chang	jed.				
Mailing address 23928 SKYLINE						f State (SOS) file number file number	er or				
City MISSION VIEJO State	CA	7	ZIP code plus 4 9 2	2692	0801854404						
Blacken circle if there are currently no changes from previous y	ear; if no info	rmation is	displayed, compl	ete the applicab	le information in S	ections A, B and C.					
Principal office 23928 SKYLINE, MISSION VIEJO,	CA. 926	92									
Principal place of business 23928 SKYLINE, MISSION VIEJO,											
You must report officer, director, member, general partner and mar			the date vou con	nplete this repor	 t.						
Please sign below! This report must be signed	_		•								
					10	000000000015					
SECTION A Name, title and mailing address of each officer,	, director, me Title	ember, ge	neral partner o	or manager. Director		m d d v					
	Title			YES	Term	m d d y	у				
NONE		***************************************		163	expiration						
Mailing address	City				State	ZIP Code					
Name	Title			Director	m	m d d y	у				
				YES	Term expiration						
Mailing address	City			İ	State	ZIP Code					
Name	Title			Director	m	m d d y	у				
				YES	Term expiration						
Mailing address	City	***************************************			State ZIP Code						
SECTION B Enter information for each corporation, LLC, LF	P, PA or finar	ncial instit	tution, if any, in	which this ent	tity owns an inte	rest of 10 percent or r	nore.				
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE		State of fo			file number, if any	Percentage of ownersh					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	on	State of fe	ormation	Texas SOS	file number, if any	Percentage of ownersh	ıip				
		1									
SECTION C Enter information for each corporation , LLC, L	P, PA or fina	ncial insti	tution, if any, tl	nat owns an in	terest of 10 perc	ent or more in this en	tity.				
Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE		State of fe	ormation	Texas SOS	file number, if any	Percentage of ownership					
Registered agent and registered office currently on file (see instructions is	if you need to n	nake chanae	es)	Variation also	t make a filing with the Secretary of State to change registered						
Agent:	n you need to n	irane errang.			niing with the Secret office or general part		:erea				
Office:			City		State	ZIP Code					
The information on this form is required by Section 171.203 of the Tax Co			LC, LP, PA or financ	cial institution tha	t files a Texas Franch	ise Tax Report. Use additio	nal				
sheets for Sections A, B and C, if necessary. The information will be availal I declare that the information in this document and any attachments is	· · · · · · · · · · · · · · · · · · ·		st of my knowledg	ge and belief, as o	f the date below, and	that a copy of this report	has				
been mailed to each person named in this report who is an officer, direct LLC, LP, PA or financial institution.	ctor, member, o	general par	tner or manager a	nd who is not cur	rently employed by	his or a related corporation	n,				
sign DAVID MURRAY DAVID MURRAY	Titl		MBER	Date 03/29/		a code and phone number 149) 228 - 6412					
ileie,					2010 (3	49) 220 - 0412					
Texa	s Comptr	oller Of	ficial Use Or	ıly							
 					VE/DE	PIR IND (<u> </u>				
					12,22						
	╵╻╋║╬╇║╬	▞║┦╏╏		║ ┞┩ ■┃┃┃							
		M	. (
						· · ·					

TRANSMITTER ID = CSPROFTWSPROD TLN = 00041736981



To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Icode 13196 Franchise ■ Taxpayer number	■ Report	year			You have certain ri	ghts under Chapter 552 and 559					
4 6 3 7 2 8 6 3 0	2 0	1	9		rnment Code, to review	r, request and correct information ou. Contact us at 1-800-252-1381					
Taxpayer name MURRAY EQUITY LLC				■ ○ B	lacken circle if the m	ailing address has changed.					
Mailing address 23928 SKYLINE						f State (SOS) file number or r file number					
City MISSION VIEJO State	CA		ZIP code plus 4	92692		0801854404					
Blacken circle if there are currently no changes from previous y	year; if no info	mation	is displayed, coı	mplete the applica	ble information in Se	ections A, B and C.					
Principal office 23928 SKYLINE, MISSION VIEJO	, CA, 9269	92									
Principal place of business 23928 SKYLINE, MISSION VIEJO	, CA, 9269	92									
You must report officer, director, member, general partner and mai	_		-		ort.						
Please sign below! This report must be signe	d to satisf	y fran	chise tax re	quirements.	1 ()000000000015					
SECTION A Name, title and mailing address of each officer		mber,	general partne	-		<u>-</u>					
None None	Title			Director YES	Term	m d d y y					
Mailing address	City			YES YES	expiration	ZIP Code					
-	City			To: .							
Name	Title			Director YES	Term expiration	m d d y y					
Mailing address	City				State ZIP Code						
Name	Title			Director		m d d y y					
				YES	Term expiration						
Mailing address	City		•••••••••	-	State	ZIP Code					
SECTION B Enter information for each corporation, LLC, LI	P, PA or finar	icial ins	stitution, if any	, in which this er	ntity owns an inter	est of 10 percent or more					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instituti NONE	ion	State o	of formation	Texas SC	OS file number, if any	Percentage of ownership					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	ion	State o	f formation	Texas SC	Texas SOS file number, if any Percentage of ownership						
SECTION C Enter information for each corporation , LLC, L	P, PA or fina	ncial in	stitution, if any	y, that owns an i	nterest of 10 perce	ent or more in this entity.					
Name of owned (parent) corporation, LLC, LP, PA or financial institution $\begin{tabular}{c} \textbf{NONE} \end{tabular}$		State o	of formation	Texas SC	Texas SOS file number, if any Percentage of ownership						
Registered agent and registered office currently on file (see instructions	if you need to m	ake chai	nges)		a filing with the Secreto d office or general parti	ary of State to change registered					
Agent: Office:			City	agent, registere	State	ZIP Code					
The information on this form is required by Section 171.203 of the Tax Co				nancial institution th	nat files a Texas Franch						
sheets for Sections A, B and C, if necessary. The information will be availal I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, dire LLC, LP, PA or financial institution.	true and correc	t to the	best of my know								
sign here DAVID MURRAY	Titl		EMBER	Date 04/10	•	code and phone number 49) 228 - 6412					
Texa	as Comptr	oller (Official Use	Only							
					VE/DE	PIR IND					
		ſ∭¶¶Ì		' 							

TRANSMITTER ID = CSPROFTWSPROD TLN = 00046083624



To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Taxpayer number	■ Repor	t year			You have certain	rights under Chapter 552 and 55					
4 6 3 7 2 8 6 3 0	2	0 2	0		ernment Code, to revi	iew, request and correct information tyou. Contact us at 1-800-252-138					
Taxpayer name MURRAY EQUITY LLC	l			■ ○ E	lacken circle if the	mailing address has changed.					
Mailing address 23928 SKYLINE						of State (SOS) file number or ller file number					
City MISSION VIEJO State	CA		ZIP co	de plus 4 92692		0801854404					
Blacken circle if there are currently no changes from previous	year; if no inf	ormatio	n is displ	ayed, complete the applica	ble information in	Sections A, B and C.					
Principal office 23928 SKYLINE, MISSION VIEJO	, CA, 926	92									
Principal place of business 23928 SKYLINE, MISSION VIEJO											
ou must report officer, director, member, general partner and ma			s of the a	ate you complete this repo	ort.						
Please sign below! This report must be signe	ed to satis	fy fra	nchise	tax requirements.		 					
SECTION A Name, title and mailing address of each office	r, director, m	nembe	r, genera	l partner or manager.	-						
Name	Title			Director	Term	m m d d y y					
NONE				YES	expiration						
Mailing address	City				State	ZIP Code					
Name	Title			Director	Term	m m d d y y					
				YES	expiration						
Mailing address	City				State	ZIP Code					
Name	Title			Director	l	m m d d y y					
				YES	Term expiration						
Mailing address	City		***************************************		State	ZIP Code					
SECTION B Enter information for each corporation, LLC, L	.P, PA or fina	ncial i	nstitutio	n, if any, in which this e	ntity owns an int	terest of 10 percent or more					
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu NONE	tion	State	of forma	ion Texas SC	OS file number, if any Percentage of ownership						
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institu	tion	State	of forma	ion Texas SC	OS file number, if any	nber, if any Percentage of ownership					
	ID DA 6										
SECTION C Enter information for each corporation, LLC, I Name of owned (parent) corporation, LLC, LP, PA or financial institution			nstitution of forma		nterest of 10 pe OS file number, if an						
NONE				Texas se	Tercentage of ownership						
Registered agent and registered office currently on file (see instructions Agent:	s if you need to	make ch	anges)		a filing with the Secr d office or general po	retary of State to change registered artner information.					
Office:			City		State	ZIP Code					
The information on this form is required by Section 171.203 of the Tax C				P, PA or financial institution th	nat files a Texas Fran	L chise Tax Report. Use additional					
sheets for Sections A, B and C, if necessary. The information will be avail I declare that the information in this document and any attachments i been mailed to each person named in this report who is an officer, dir	s true and corr	ect to th	e best of								
LLC, LP, PA or financial institution.		tle		Date		rea code and phone number					
sign here DAVID MURRAY	''		/EMBI	•		949) 228 - 6412					
	as Compt	roller	Officia	al Use Only							
					VE/DE) PIR IND (
#] [[[[]]] [] [] [] [[] []					, _,	7					
			╽╏╷╙╿╻┚								
	\\										
B (()			▄▊▘▖▟▃▐▜▍▚	╵ <u>┧</u> ╒╏ ╒╴╷ ╒╒┆╻╴┷╒╗┖┻╴┩╺═╸╽╶╽┆╴╘┊┆							



To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Icode 13196 Franchise ■ Taxpayer number	■ Repo	ort ye	ar				You have ce	rtain riahta	under Chant	or 552 a	nd 550		
4 6 3 7 2 8 6 3 0	2	0	2	1		Goi	vernment Code, to we have on file a	o review, requ	est and corre	ect infor	mation		
Taxpayer name MURRAY EQUITY LLC			l	L			Blacken circle it	the mailing	address ha	s chan	ged.		
Mailing address 23928 SKYLINE								tary of Stat		numb	er or		
City MISSION VIEJO State	CA			ZIP	ode plus 4	 2692	Com	0801854404					
Blacken circle if there are currently no changes from previous y	/ear; if no in	form	nation	is disp	layed, compl	ete the applic	able information	n in Section	ıs A, B and (- .			
Principal office 23928 SKYLINE, MISSION VIEJO,	CA. 92	692	2										
Principal place of business 23928 SKYLINE, MISSION VIEJO													
You must report officer, director, member, general partner and mai	·			of the	date you con	nplete this rep	ort.						
Please sign below! This report must be signe	d to sati	sfy	fran	chis	e tax requ	ıirements	•	1000	# ##########	 015			
SECTION A Name, title and mailing address of each officer.	, director, ı	men	nber,	gener	al partner o	or manager.		1000					
Name	Title					Director	Term	m m	d d	у	у		
NONE						YES	expiration						
Mailing address	City						State		ZIP Code				
Name	Title					Director	Term		d d	у	у		
						YES	expiration				<u> </u>		
Mailing address	City						State		ZIP Code				
Name	Title					Director	T	m m	d d	у	у		
						YES	Term expiration				<u> </u>		
Mailing address	City					State		ZIP Code					
SECTION B Enter information for each corporation, LLC, LI	P, PA or fin	nanc	ial ins	stituti	on, if any, in	which this	entity owns a	n interest o	of 10 perce	nt or	more		
Name of owned (subsidiary) corporation, LLC, LP, PA or financial instituti	on	T	State c	of forma	ation	Texas S	SOS file number, if any Percentage of ownership						
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	on		State c	of forma	ation	Texas S	OS file number,	if any Pe	any Percentage of ownership				
						-		l					
SECTION C Enter information for each corporation, LLC, L Name of owned (parent) corporation, LLC, LP, PA or financial institution	P, PA or fir			stituti of form				•					
Name of owned (parent) corporation, ELC, LF, PA of financial institution NONE			State C	oi iormi			S file number, if any Percentage of ownership						
Registered agent and registered office currently on file (see instructions Agent:	if you need to	o mai	ke chai	nges)			e a filing with the ed office or gener	,		ige regis	stered		
				City	,		-	tate	ZIP Co	ode			
Office: The information on this form is required by Section 171.203 of the Tax Co					_P, PA or financ	cial institution	that files a Texas	Franchise Ta	x Report. Us	e additio	onal		
sheets for Sections A, B and C, if necessary. The information will be availa I declare that the information in this document and any attachments is	true and cor	rrect	to the	best of									
been mailed to each person named in this report who is an officer, dire LLC, LP, PA or financial institution.			neral p	oartner	or manager a	,	urrently employ	-					
sign here DAVID MURRAY		Title	М	ЕМВ	ER	Date 03/1	8/2021	Area code	and phone	numbe	r		
	s Comp	tro	ller (Offic	al Use Or	ılv		······································	•••••				
		H				, 		T_T					
			WI				VE/DE		PIR IND		\supset		
NING TANDON DAN DAN DAN DAN DAN DAN DAN DAN DAN DA													
				▎▋▎▕ <u>▎</u> ▎▘▍░▄									
<u># </u>		Y		 	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
								·= · =	· -· ·				