

FILED
In the Office of the
Secretary of State of Texas

SEP 20 2013

Corporations Section

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

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:

<u>Name</u>	<u>Address</u>
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*

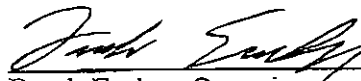
Any action required or permitted to be taken at a meeting of the members of the Company may be taken without a meeting, without prior notice, and without a vote if a consent in writing, setting forth the action so taken, shall be signed by the holder or holders of membership interests that would be necessary 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:

<u>Name</u>	<u>Address</u>
Frank Earley	1035 Walnut Pointe League City, Texas 77573

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

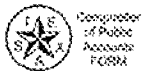


Frank Earley, Organizer

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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2	0	1	4
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Taxpayer name MURRAY EQUITY, L.L.C.				Secretary of State (SOS) file number or Comptroller file number 801854404	
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.

3205202872014

Name	Title	Director	Term expiration												
David Murray	Manager	<input checked="" type="radio"/> YES	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
m	m	d	d	y	y										
Mailing address	City	State	ZIP Code												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
m	m	d	d	y	y										
Mailing address	City	State	ZIP Code												
Name	Title	Director	Term expiration												
		<input type="radio"/> YES	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	m	m	d	d	y	y						
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

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

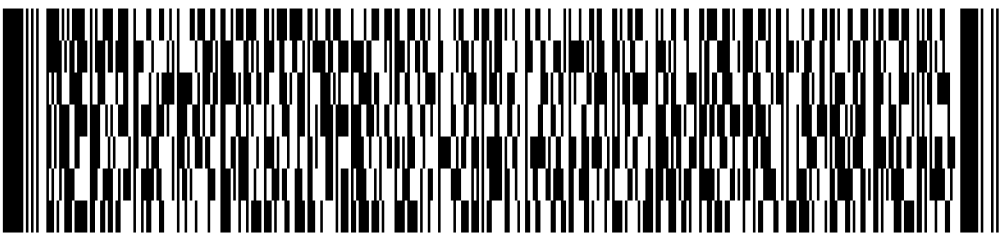
Registered agent and registered office currently on file. (see instructions if you need to make changes)				<input type="radio"/> Blacken circle if you need forms to change the registered agent or registered office information.	
Agent: DANIEL JOSEPH MURRAY					
Office: 7019 TEN CURVES RD	City: SPRING	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 04-25-2014	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.11-12/31)

■ Tcode 13196 Franchise



151753002294

Taxpayer number 3 2 0 5 2 0 2 8 7 2 0								Report year 2 0 1 5				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 MURRAY EQUITY, LLC										Secretary of State (SOS) file number or Comptroller file number 0801854404			
Mailing address 7019 TEN CURVES													
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 ABOVE									
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.

Name DAVID MURRAY	Title MANAGER	Director <input type="radio"/> YES	Term expiration m m d d y y
Mailing address 7019 TEN CURVES	City SPRING	State TX	ZIP Code 77379
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)

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

Office: _____ City _____ State _____ ZIP Code _____

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.

sign here: Title: **Manager** Date: **6/17/15** Area code and phone number: **(949) 228-6412**

Texas Comptroller Official Use Only

05-102|(Rev.11-12/31)|13196|32052028720|2015|Wed Jun 17 2015
17:39:50 GMT-0700 (Pacific Daylight Time)|9997|

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TX 2016 05-102
Ver. 7.0 (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 463728630	■ Report year 2016
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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 1-800-252-1381.

Taxpayer name MURRAY EQUITY LLC		<input type="checkbox"/> Check box if the mailing address has changed.
Mailing address 23928 SKYLINE		Secretary of State (SOS) file number or Comptroller file number
City MISSION VIEJO	State CA	ZIP code plus 4 92692

Check box 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 23928 SKYLINE	MISSION VIEJO	CA 92692
Principal place of business 23928 SKYLINE	MISSION VIEJO	CA 92692



You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

0463728630016

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

Name NONE	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	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)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent:	City	State	ZIP Code
Office:			

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here ▶	Title MEMBER	Date 04/04/2016	Area code and phone number ()
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Texas Comptroller Official Use Only



VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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TX 2017 05-102
 ver 8.0 (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 463728630		■ Report year 2017		under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you Contact us at 1-800-252-1381.
Taxpayer name MURRAY EQUITY LLC			<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 23928 SKYLINE			Secretary of State (SOS) file number or Comptroller file number	
City MISSION VIEJO	State CA	ZIP code plus 4 92692		

Check box 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 23928 SKYLINE	MISSION VIEJO	CA 92692
Principal place of business 23928 SKYLINE	MISSION VIEJO	CA 92692



You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

0463728630017

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

Name NONE	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

CLIENT COPY

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

Name of owned (subsidiary) corporation, LLC, LP PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes)			
Agent:		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office:	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.			
sign here <input checked="" type="checkbox"/>	Title MEMBER	Date 03/24/2017	Area code and phone number 949-228-6412

Texas Comptroller Official Use Only



VE/DE <input type="checkbox"/>	PIR IND <input type="checkbox"/>
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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 Franchise

■ Taxpayer number

■ Report year

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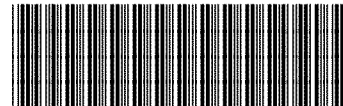
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You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name MURRAY EQUITY LLC			<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.		
Mailing address 23928 SKYLINE			Secretary of State (SOS) file number or Comptroller file number		
City MISSION VIEJO	State CA	ZIP code plus 4 92692	0801854404		

● 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 23928 SKYLINE, MISSION VIEJO, CA, 92692
Principal place of business 23928 SKYLINE, MISSION VIEJO, CA, 92692



1000000000015

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

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

Name NONE	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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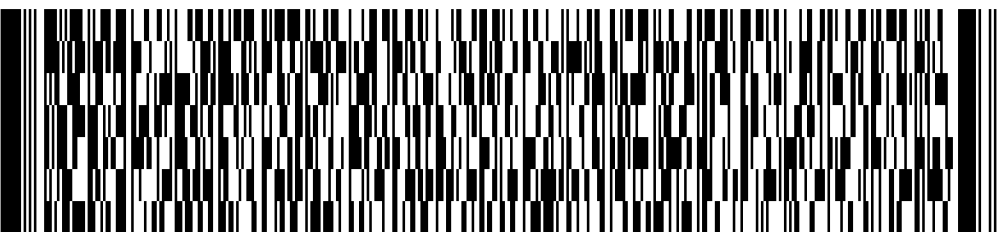
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent:	City	State	ZIP Code
Office:	City	State	ZIP Code

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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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here DAVID MURRAY DAVID MURRAY	Title MEMBER	Date 03/29/2018	Area code and phone number (949) 228 - 6412
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TRANSMITTER ID = CSPROFTWSPROD

TLN = 00041736981



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 Franchise

■ Taxpayer number

■ Report year

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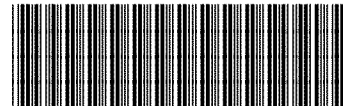
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Taxpayer name MURRAY EQUITY LLC		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 23928 SKYLINE		Secretary of State (SOS) file number or Comptroller file number	
City MISSION VIEJO	State CA	ZIP code plus 4 92692	0801854404

● 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 23928 SKYLINE, MISSION VIEJO, CA, 92692
Principal place of business 23928 SKYLINE, MISSION VIEJO, CA, 92692



1000000000015

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Please sign below! This report must be signed to satisfy franchise tax requirements.

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

Name NONE	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

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Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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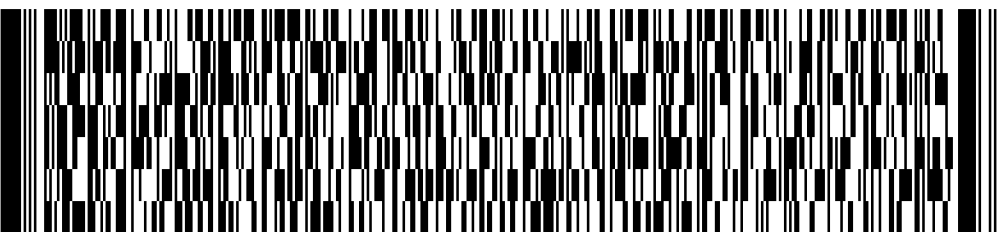
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent:	City	State	ZIP Code
Office:	City	State	ZIP Code

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sign here	DAVID MURRAY	Title MEMBER	Date 04/10/2019	Area code and phone number (949) 228 - 6412
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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TRANSMITTER ID = CSPROFTWSPROD

TLN = 00046083624



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 Franchise

■ Taxpayer number

■ Report year

4 6 3 7 2 8 6 3 0

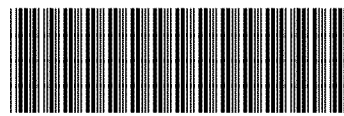
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You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name MURRAY EQUITY LLC		<input checked="" type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 23928 SKYLINE		Secretary of State (SOS) file number or Comptroller file number	
City MISSION VIEJO	State CA	ZIP code plus 4 92692	0801854404

● 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 23928 SKYLINE, MISSION VIEJO, CA, 92692
Principal place of business 23928 SKYLINE, MISSION VIEJO, CA, 92692



1000000000015

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

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

Name NONE	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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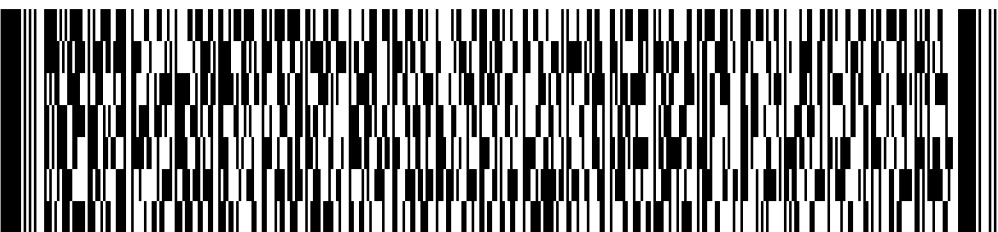
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent:	City	State	ZIP Code
Office:	City	State	ZIP Code

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here	DAVID MURRAY	Title MEMBER	Date 03/07/2020	Area code and phone number (949) 228 - 6412
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Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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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 Franchise

■ Taxpayer number

■ Report year

4 6 3 7 2 8 6 3 0

2 0 2 1

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 1-800-252-1381.

Taxpayer name MURRAY EQUITY LLC		<input checked="" type="checkbox"/> <input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address 23928 SKYLINE		Secretary of State (SOS) file number or Comptroller file number	
City MISSION VIEJO	State CA	ZIP code plus 4 92692	0801854404

● 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 23928 SKYLINE, MISSION VIEJO, CA, 92692
Principal place of business 23928 SKYLINE, MISSION VIEJO, CA, 92692



1000000000015

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below! This report must be signed to satisfy franchise tax requirements.

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

Name NONE	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution NONE	State of formation	Texas SOS file number, if any	Percentage of ownership
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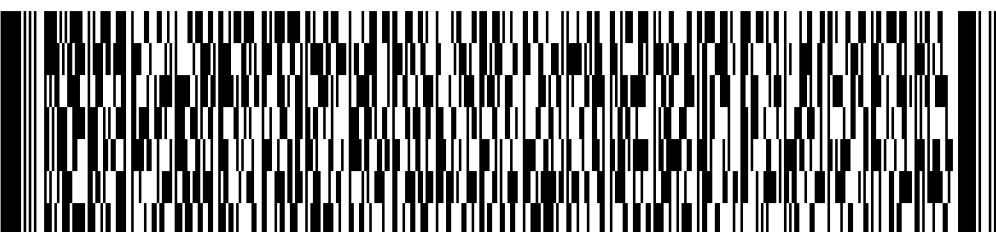
Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
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I declare that 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, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here DAVID MURRAY	Title MEMBER	Date 03/18/2021	Area code and phone number () -
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Texas Comptroller Official Use Only



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