



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

March 18, 2015

TODD D MURRAY
16 LIVE OAK LN
GALAX, VA 24333

RECEIPT

RE: M & M Sales and Distribution

ID: J004757 - 2

DCN: 15-03-03-0502

Dear Customer:

This is your receipt for \$25.00 to cover the fees for filing a statement of partnership authority with this office.

The effective date of the statement is March 18, 2015.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

GPACCEPT
CIS0363

1503080175

ENTITY NAME: M+M Sales and Distribution

Name availability done in:

Initials: _____ Conflict with ID #: _____

eFile: _____

ENTITY ID #: 150303 0502

CIS: _____

DCN #: CBB 3/13 \$25

CHARTER EXAMINER WORKSHEET

CHARTER / ENTRANCE FEE _____

JURISDICTION: _____

FILING FEE 25

SPECIAL EFFECTIVE DATE / TIME

EXPEDITE FEE(S) _____

TOTAL FEES 25

INDUSTRY CODE: _____

AMENDMENT OR OTHER INFORMATION:

SEND COPY TO: _____

3/17/2015
ML

SCC CLERK'S OFFICE
OPERATIONS
2015 MAR -3 AM 9:48

COPYWORK REQUESTED:

CORRESPONDENT:

AMOUNT AVAILABLE FOR COPYWORK:

MAIL _____
CALL _____
FAX _____
FED EX _____

J004757-2



UPA-93
(07/10)

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

STATEMENT OF PARTNERSHIP AUTHORITY

1503080175

The undersigned, on behalf of the partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 3 of the Code of Virginia, state as follows:

1. The name of the partnership is

M & M Sales and Distribution

2. The partnership is formed under the laws of Virginia
(state or other jurisdiction)

3. (Mark if applicable:) The partnership was previously authorized or registered with the Commission to transact business in Virginia as another type of foreign business entity. (See instructions.) *Set forth the additional required information on an attachment.*

4. The address, including the street and number, if any, of the partnership's principal office is

16 Live Oak Ln. Galax VA 24333
(number/street) (city or town) (state) (zip)

5. The address, including the street and number, if any, of one office of the partnership in Virginia (if any) is

16 Live Oak Ln. Galax VA 24333
(number/street) (city or town) (state) (zip)

6. (Mark applicable box)

The names and mailing addresses of all of the partners are:

Name	Address
<u>Todd D Murray</u>	<u>16 Live Oak Ln., Galax VA 24333</u>
<u>Thomas R Murray</u>	<u>195 Honey Ln., Fries VA 24330</u>
<u>Ashley D Murray</u>	<u>16 Live Oak Ln., Galax VA 24333</u>
<u>Frieda E Murray</u>	<u>195 Honey Ln., Fries VA 24330</u>

OR

The name and mailing address of an agent who was appointed by the partnership for the purpose of maintaining a list of the names and mailing addresses of all of the partners, are:

Name	Address
_____	_____

7. An instrument transferring real property held in the name of the partnership is authorized to be executed by the following partner(s): (The name of at least one partner is required.)

Todd D Murray Thomas R Murray
(name) (name)

8. (Optional): *Set forth the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership or any other matter.*

Signatures of partners (must be executed by at least two):

<u></u> (signature)	<u>Todd D Murray</u> (printed name)	<u>2-11-2015</u> (date)
<u></u> (signature)	<u>Thomas R Murray</u> (printed name)	<u>2-11-2015</u> (date)

Telephone number (optional): 1-(276)-233-7610