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(Requestor's Name)

(Address)

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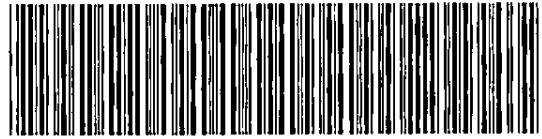
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TALLAHASSEE, FLORIDA

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T SCHROEDER

# AUSLEY McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

123 SOUTH CALHOUN STREET  
P.O. BOX 391 (ZIP 32302)  
TALLAHASSEE, FLORIDA 32301  
(850) 224-9115 FAX (850) 222-7560

March 21, 2019

Florida Secretary of State  
Division of Corporations  
2661 Executive Center Circle West  
Tallahassee, Florida 32301

**VIA HAND DELIVERY**

RE: **Quarter Moon Rising, LLC**

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for the above-referenced company and our check for \$155.00. Also enclosed is an extra copy of the Articles for the certified copy. Please call Chris Vause at 425-5446 when the certified copy is ready to be picked-up.

Thank you for your assistance.

Sincerely,



Chris Vause  
Secretary to Robert A. Pierce

/cv

Enclosures

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**ARTICLES OF ORGANIZATION  
OF  
QUARTER MOON RISING, LLC**

The undersigned, pursuant to the provisions of Chapter 605, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.  
Name**

The name of the Limited Liability Company is Quarter Moon Rising, LLC. The Company will engaged in any lawful business.

**ARTICLE 2.  
Address**

The street and mailing address of the place of business in Florida is:

1641 North Monroe Street  
Tallahassee, Florida 32303

**ARTICLE 3.  
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

**Ausley & McMullen, P.A.  
c/o Robert A. Pierce  
123 South Calhoun Street  
Tallahassee, Florida 323001**

*Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*



**Robert A. Pierce, Registered Agent**

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**ARTICLE 4.  
Management**

The Limited Liability Company shall be managed by at least one Manager and is, therefore, a Manager-managed company. The name and address of the person authorized to manage and control the Limited Liability Company as Manager are as follows:

**Katelin Haggerty, Manager**

1641 North Monroe Street  
Tallahassee, Florida 32303

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 21st day of March, 2019.

*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 Section 817.155, F.S.*



**ROBERT A. PIERCE**

Authorized Representative of the Members

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