

F09000001928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

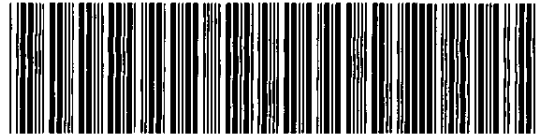
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000153080260

04/29/09--01037--003 **87.50

FILED
2009 MAY 12 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 13 2009

645
609-20372

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MOONROCK CAPITAL, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DAVID B. CAMP
(Name of Person)

MOONROCK CAPITAL, INC.
(Firm/Company)

410-9 S212 BLANDING BLVD
(Address)

ORANGE PARK, FL 32073
(City/State and Zip code)

For further information concerning this matter, please call:

DAVID CAMP at (904) 708-3242
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
2009 MAY 12 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MOONROCK CAPITAL INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WYOMING 3. 26-4544907
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/13/2009 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 4/01/2009
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 410-9 S-212 BLANDING BLVD, ORANGE PARK, FL 32073
(Principal office address)

410-9 S-212 BLANDING BLVD, ORANGE PARK, FL 32073
(Current mailing address)

8. REAL ESTATE PROPERTY MANAGEMENT ACQUISITION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Linda Xidaris

Office Address: 7521 Bruce St
Jacksonville, Florida 32208
(City) (Zip code)

FILED
2009 MAY 12 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Linda Xidaris
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAVID B. CAMP

Address: 410-9 S-212 BLANDING BLVD
ORANGE PARK, FL 32073

Vice Chairman: _____

Address: _____

Director: M. FLORITA CAMP

Address: 410-9 S-212 BLANDING BLVD
ORANGE PARK, FL 32073

Director: _____

Address: _____

B. OFFICERS

President: DAVID B. CAMP

Address: 410-9 S-212 BLANDING BLVD
ORANGE PARK, FL 32073

Vice President: _____

Address: _____

Secretary: M. FLORITA CAMP

Address: 410-9 S-212 BLANDING BLVD, ORANGE PARK, FL 32073

Treasurer: M. FLORITA CAMP

Address: 410-9 S-212 BLANDING BLVD, ORANGE PARK, FL 32073

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. David B. Camp
(Signature of Director or Officer listed in number 12 of the application)

14. DAVID B. CAMP / PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
2009 MAY 12 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF INCORPORATION

MoonRock Capital Inc.

Accordingly, the undersigned, by virtue of the authority vested in me by the law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **13th** day of **March, 2009**.

FILED
2009 MAY 12 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Filed Date: 03/12/2009

Max Maxfield

Secretary of State

By: _____ Sharen Cochran