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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

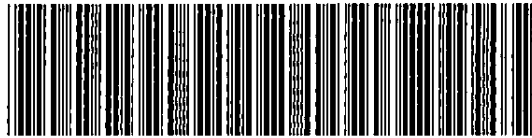
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09 JUL 13 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2P 7/15/09

W090000 31010

COVER LETTER

RECEIVED
09 JUL 13 AM 11:38
DIVISION OF CORPORATION

TO: New Filing Section
Division of Corporations

SUBJECT: BLUE MOON DISTRIBUTING, 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:

NATINA CONLEY

Name of Person

BLUE MOON DISTRIBUTING, INC

Firm/Company

2101 VISTA PARKWAY STE 103

Address

WEST PALM BEACH, FL 33411

City/State and Zip code

INFO@BLUEMOONDISTRIBUTION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATINA CONLEY

Name of Person

at (561) 310-6642

Area Code & Daytime Telephone Number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2009

NATINA TOWNS
2101 VISTA PARKWAY STE 103
WEST PALM BEACH, FL 33411

SUBJECT: BLUE MOON DISTRIBUTING, INC.
Ref. Number: W09000031010

We have received your document for BLUE MOON DISTRIBUTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II

Letter Number: 909A00022996

**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. BLUE MOON DISTRIBUTING, 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. COLORADO

(State or country under the law of which it is incorporated)

3. 26-4810168

(FEI number, if applicable)

4. 05/13/1997

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 06/01/2009

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

7. 2101 Vista Parkway Ste 103 ,West Palm Beach, FL 33411

(Principal office address)

2101 Vista Parkway Ste 103 ,West Palm Beach, FL 33411

(Current mailing address)

8. Any and all lawful business.

(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: NATINA TOWNS

Office Address: 2101 Vista Parkway Ste 103

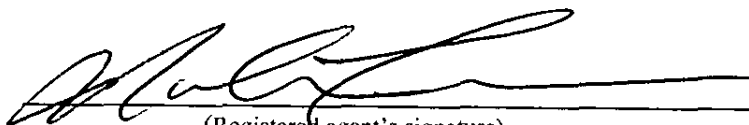
West Palm Beach, Florida 33411

(City)

(Zip code)

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.



(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: NATINA CONLEY

Address: 2101 VISTA PARKWAY STE 103 WEST PALM BEACH, FL 33411

Vice President: MARCUS CONLEY

Address: 2101 VISTA PARKWAY STE 103 WEST PALM BEACH, FL 33411

Secretary: TREYVON TOWNS

Address: 2101 VISTA PARKWAY STE 103 WEST PALM BEACH, FL 33411

Treasurer: PATRICIA MADDOX

Address: 2101 VISTA PARKWAY STE 103 WEST PALM BEACH, FL 33411

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

13.  _____

(Signature of Director or Officer listed in number 12 of the application)

14. NATINA CONLEY PRESIDENT

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

BLUE MOON DISTRIBUTING, INC.

is a **Corporation** formed or registered on 05/13/1997 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19971076008.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/01/2009 that have been posted, and by documents delivered to this office electronically through 05/07/2009 @ 09:31:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/07/2009 @ 09:31:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7362679.



Bernie Buescher
Secretary of State of the State of Colorado

09 JUL 13 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."