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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: New Filing Se Division of Co			
SUBJECT:	OON, INC. (F	L name LUNA ation - must include suffix	TECHNOLOGY GRO
Dear Sir or Madam:			
"Certificate of Existen		n for Authorization to Transact Standing" and check are subnusiness in Florida.	
Please return all corres	pondence concerning this m	natter to the following:	
	KAREN	1 MOON	
		e of Person	
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	Firm/	Company	•
	2545 Egret	LakeDr	
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KAREN Name of Perso	model at (8L)	rea Code & Daytime Telepho	2 PRIZ 32
New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, F	rporations ng e Center Circle L 32301	MAILING AE New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FI	tion porations
\$70.00 Filing Fee	* the following amount:  \$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. <u>MOON</u>	INC.						
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include p," "Inc," "Co," or "Co	"INCORPORATED, prp.")	" "COMPANY	," "CORPORA	ATION," (I have inc dissolution named LUM	ludeo Forti	l articles he FL co
LUNF	TECHNO le in Florida, enter alte	LOGY GR	LOUP. =	ENC.	las this wa	a tec s upat	HNOLOGY redinan
(If name unavailab	le in Florida, enter alte	rnate corporate name	adopted for the	purpose of tran	nsacting business	in Floric	ia)
2. <u>I</u>	DWA nder the law of which in	3.	20-4	97575	57		
4	1/2006	5.	per	petua	<u>u</u>		<del></del>
6. 10/1/20	f incorporation)  (my account of the control of the	intant accider	Duration: Yegi Utully Pegi COID as:	ear corp. will ce stered the Lshould	ease to exist or "p Lompony a have been	erpetual s & F Peu's	ilorida Hered a
	(Date first (SEE SECTION	transacted business in NS 607.1501 & 607.15	n Florida, if pric 502, F.S., to det	or to registration ermine penalty	madility) auxing	busi	inessin
7.1510 NOW	thwestern A	ve Ames J	A 5001	<u> </u>	cus	hina	itu Diar Who said
		(Principal office add	ress)		heno	uty	could be
2545 Egg	ret Lalze Br.	Greenacre	S,FL 3	3413	wawe	ed be	cause of the mis
0		(Current mailing add	ress)				
8. Software	econsultho	g and deve	lopmen	+			
(Purpose(s)	of corporation authoriz	ed in home state or co	ountry to be carr	ried out in state	of Florida) $\geq_{2}$	2011	_
9. Name and street	address of Florida re	gistered agent: (P.C	). Box <u>NOT</u> a	cceptable)	LAZ.	APR	Acres of a
Name:	Karen M	100n			ASSE	26	
Office Address:	2545 E	gret Lake C	<u>۱۲</u>		in a series	PK 12:	
	Greenaci	Mes, FL	, Florida	33413 (Zip code)		32	
10 D 14	4	**					

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.

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

A. DIREC	_
Chairman: _	Karen Moon
Address:	2545 Egret Lake Dr., Greenacres FL 33413
7 Iddi 055	
	same as above
Vice Chairma	30000
Address:	
Director:	
Address:	
	$\int$
Director:	
Address:	
B. OFFICE	
	Karen Moon
Address:	545 Egret Lake Dr. Greenacres FL 33413
	Ay 23
Vice Presider	
Address:	same as above
<del></del>	To -n [t]
Secretary:	
	32 20
Treasurer:	
Address:	
	cessary, you may attach an addendum to the application listing additional officers and/or directors.
13	KanenMoon
The officer	Signature of Director or Officer director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
are true and	at he or she is aware that false information submitted in a document to the Department of State constitutes a slony as provided for in s.817.155, F.S.
_	KAREN MOON, PRESIDENT (Typed or printed name and capacity of person signing application)
· ··	(Typed or printed name and capacity of person signing application)

**IOWA SECRETARY OF STATE** MATT SCHULTZ



Date: 4/21/2011

CERTIFICATE OF EXISTENCE

Name: MOON, INC. (490 DP - 328935)

Date of Incorporation: 6/1/2006

**Duration: PERPETUAL** 

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of lowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS52830

To validate certificates visit:

www.sos.state.ia.us/ValidateCertificate

Matt Schultz

Iowa Secretary of State