## Famoo00178

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(Bu	siness Entity Nan	ne)
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T. LTWEIN

## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	JECT:	MOON INC.			
		Name of corpora	ion - mus	t include suffix	<del></del>
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	or "Certificate of Good S	Standing" a	and check are sub	
	return all correspon ny Morales	dence concerning this ma	tter to the	following:	
		MOON INC.  Name of corporation - must include suffix  ication by Foreign Corporation for Authorization to Transact Business in Florida." ence, "or "Certificate of Good Standing" and check are submitted to register the reign corporation to transact business in Florida.  respondence concerning this matter to the following:  Name of Person  Name of Person  Firm/Company  te 800  Address  fork, 10801  City/State and Zip code  on.com  E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:  at (877			
MyUS	ACorporation.com				
1 Radi	isson Plaza, Suite 800	Firm/C	Company		
		Δ.	Idress		
New R	Rochelle, New York, 10		101055		
info@	myusacorporation.com		e and Zip	code	
	·	E-mail address: (to be use	ed for futu	re annual report n	otification)
For fu	rther information col	neerning this matter, pleas	se call;	·	
Anthor	ny Morales	at ( 877	330	-2677	
	Name of Person	Area C	Code	Daytime Telepl	none Number
	Registration Section Division of Corpor The Centre of Tall	on rations ahassee treet, Suite 810		Registration S Division of Co P.O. Box 6327	ection orporations 7
Please	make check payable to	: FLORIDA DEPARTME  ] \$78.75 Filing Fee &	<b>\$78.7</b>	5 Filing Fee &	<b>.</b> .

## 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.

	MOON FLORIDA		
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busin-	ess in Florida)
DELAWARE 3. N/A			
	ry under the law of which it is incorporated)	(FEI number, if applicable	
12/12/2	, ,,, ,,, ,,,	(Date of duration, if other than per	
			petual)
N\A			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		
1221 BRICI	KELL AVE, SUITE 900, MIAMI, FL 33131	· · · · · · · · · · · · · · · · · · ·	
	(Principal office	street address)	. )
PO BOX 50	03, ARMONK, NY 10504		
	(Current mailing	address, if different)	- m - 1,
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	7. 7.3
Name:	KYLE POWERS		٠,,٥
fice Address:	1221 BRICKELL AVENUE, SUITE 900	<u> </u>	
	MIAMI	, Florida33131	
	(City)	(Zip code)	

10. 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.

## A. DIRECTORS Name: KYLE POWERS □ Chairman □Chairman Name: \_\_\_\_\_\_ Address: 336 BOYLSTON STREET, ☐ Vice Chairman ☐ Vice Chairman Address: \_\_\_\_\_ BOSTON, MA, 02116 □ Director □ Director President □President ✓ Vice President \_\_\_\_ \_ \_\_ \_\_ ☐ Vice President ☑ Secretary **☑**Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_\_ ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □ Chairman Name: \_\_\_\_ □Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ ☐ Director □ Director □ President □ President □Vice President \_\_\_ ☐ Vice President □ Secretary ☐ Treasurer ☐Secretary ☐ Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The stachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing you Floridal Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. KYLE POWERS, President

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

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOON INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOON INC." WAS INCORPORATED ON THE TWELFTH DAY OF DECEMBER, A.D. 2013.

Authentication: 202274827

Date: 01-13-21

5448385 8300 SR# 20210092648