

L04000038709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

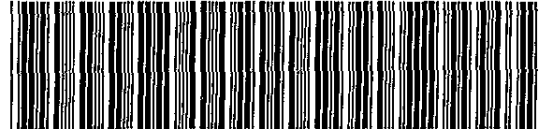
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/14/04--01031--004 **160.00

FILED
MAY 14 2017
TALLAHASSEE, FLORIDA

FILED

L04-38709
QR

FROM THE DESK OF
JOSEPH IGNATIUS BRUSCA

12843 Scottish Pine Ln. Clermont Florida 34711
352-255-2469 FAX 352-242-9991

**FLORIDA DEPARTMENT OF STATE
REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee, FL 32314**

May 10, 2004

Dear Division of Corporations,

Please find the paperwork for creating a new LLC corporation. I have included \$160.00 for the filing fee for Articles of Organization, Designation of Registered Agent, Certified Copy, Certificate of Status.

**If there are any questions, contact me at:
Joseph I. Brusca
12843 Scottish Pine Lane
Clermont, FL 34711
352-255-2469**

Thank You,


Joseph I. Brusca

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04 MAY 14 PM 2:17

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRESCENT MOON INVESTMENTS, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH I. BRUSCA
(Name of Person)

(Firm/Company)

12843 SCOTTISH PINE LANE
(Address)

CLERMONT, FLORIDA, 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH I. BRUSCA at (352) 255-2469
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 14, PM 2:17

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRESCENT MOON INVESTMENTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

12843 SCOTTISH PINE LANE

CLERMONT, FLORIDA, 34711

Mailing Address:

12843 SCOTTISH PINE LANE

CLERMONT, FLORIDA, 34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JOSEPH I. BRUSCA

Name

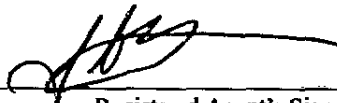
12843 SCOTTISH PINE LANE

Florida street address (P.O. Box **NOT** acceptable)

CLERMONT, FLORIDA 34711

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 608, Florida Statutes..



Registered Agent's Signature

FILED
MAY 14 2008
CLERMONT, FLORIDA
COUNTY OF CLERMONT

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOSEPH I. BRUSCA

12843 SCOTTISH PINE LANE

CLERMONT, FLORIDA, 34711

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH I. BRUSCA

Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

CL MAY 16 PM 2:17

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