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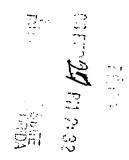
(Requ	estor's Name)	
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(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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## **COVER LETTER**

TO:	Registration So Division of Co						
SUBJ	<sub>ECT:</sub> MoonS	ea Investments LLC					
		(Name of Limite	d Liability Compa	any)	- · · · ·		
The er	nclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	g.			
Please	return all corresp	ondence concerning this matte	er to the following	<b>;</b> :			
	Kathleen K	asper					
		(	Name of Person)				_
	MoonSea I	nvestments LLC					
		(	Firm/Company)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	2101 Brick	kell Ave., #903					
			(Address)	***************************************			_
	Miami, FL	33129			•	<u> </u>	
		(City	State and Zip Code	;)		7.00 7.10 7.10	-::
For fu	rther information	concerning this matter, please	call:				1. 7
Kath	leen Kasper		at ( 305	607-030	0		-
	(Name	of Person)		& Daytime Te	elephone Number)	<u> </u>	<u>`</u>
Enclo	sed is a check fo	or the following amount:					
<b>✓</b> \$12:	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	y	\$160.00 Find Certificate of Certified Copy (additional copy)	Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding secutive Center ee, FL 32301	ns		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Maan Saa Invastmenta I.I.C	
MoonSea Investments LLC  (Must end with the words "Limited Liability Company"	"Limited Company" or their abbreviation "LLC," or "L.C.,")
(Wasteria with the words Emined Englishy Company,	Elimited Company of their above-varion Elec, of E.C.,
ARTICLE II - Address:	
The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2101 Brickell Ave., #903	2101 Brickell Ave., #903
Miami, FL 33129	Miami, FL 33129
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Kathleen Kasper	27
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Kathleen Kasper	27
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Kathleen Kasper	the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Kathleen Kasper  2101 Brickell Ave., #90	the registered agent are:
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Kathleen Kasper  2101 Brickell Ave., #90	the registered agent are:  Name  Name  Name
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of   Kathleen Kasper  2101 Brickell Ave., #90  Florida street Miami	the registered agent are:  Name  Name  O3 eet address (P.O. Box NOT acceptable)

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, F.S.

Registered Agen's Signature (REQUIRED)

### 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:			
MGR	Kathleen Kasper 2101 Brickell Ave., #903 Miami, FL 33129			
MGRM	Carlos V. Machado 2101 Brickell Ave., #903 Miami, FL 33129			
			96 FEB 27 PH 2:	
		FI STAIR	PH 2: 32	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than t (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OP to be specific and cannot be more than five busing	TIONA less day		or
REQUIRED SIGNATURE:				
Signature of a men	nber or an authorized representative of a member.			

Kathleen Kasper

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

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