

Division of Corporations

<http://file.state.fl.us/scripts/efilcovr.exe>**L06000114343**

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000283400 3)))

H060002834003ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FILED
06 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.**Fullmoon Investments "LLC"**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

RECEIVED
06 NOV 29 AM 7:46
DIVISION OF CORPORATIONS

Electronic Filing Menu**Corporate Filing Menu****Help**

H06000283400 3

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

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

FULLMOON INVESTMENTS "LLC"

ARTICLE II: Address

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

2229 W. HOGAN HOLLOW RD.

MARGATE FLORIDA 33063

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

Having been named as registered agent 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, F.S.

 Paul Smith V.P.
Signature, Registered Agent

FILED
06 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H06000283400 3

H06000283400 3

PAGE 2 **FULLMOON INVESTMENTS "LLC"**

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V: MANAGERS (optional)

MANAGER:

DOUGLAS W. SCHULER
2229 W. HOGAN HOLLOW RD.
MARGATE FLORIDA 33063

MANAGER:

NATHAN W. SCHULER
2229 W. HOGAN HOLLOW RD.
MARGATE FLORIDA 33063

x 

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.)

DOUGLAS W. SCHULER

FILED
06 NOV 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H06000283400 3