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DIVISION OF CORPORATIONS
OF OF CORPORATIONS

1 BRYAN DEC 2 0 2006

COVER LETTER

TO:

TO:	Registration S Division of Co					
SUBJI	ECT: MOO	N ROCKS ROCK LI				
		(Name of Limite	d Liability Compa	ıny)		
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing	ζ.		
Please	return all corresp	pondence concerning this matte	er to the following	<u>:</u>		
	Diane Co	<u> </u>				
		(Name of Person)			
	MOON R	OCKS ROCK LLC	,			
		(Firm/Company)			O DIV
	2231 NE	32nd Street				060E6 19 PH 1:01
			(Address)			7.0
	Lighthou	se Point, FL 330	64			P
		(City	State and Zip Code)		
For fur	ther information	concerning this matter, please	cail:			9
Dian	e Cosenzi		at (954	788-57	56	
-	(Name	e of Person)	(Area Cod	& Daytime T	elephone Number)	
Enclos	sed is a check fo	or the following amount:				
\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Fi Certified Copy (additional copy)	/	\$160.00 Filing Certificate of Status Certified Copy (additional copy is encl	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding cutive Center ee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FL	URIDA LIVITLED LIABILITY COMPANY
ARTICLE I - Name:	d Company" or their abbreviation "LLC," or "L.C.,")
The name of the Limited Liability Company is:	960 Sec.
MOON ROCKS ROCK LLC	19 0%
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	<u> </u>
	incipal office of the Limited Liability Company is:
The maining address and sheet address of the pri	morphi office of the Diffice Diability Company is.
Principal Office Address:	Mailing Address:
2231 NE 32nd Street	2231 NE 32nd Street
Lighthouse Point, FL 33064	Lighthouse Point, FL 33064
Eighthouse College College	Lighthouse Folk, FE 00007
-	
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	naistannal annut annu
The name and the Florida street address of the re	egistered agent are:
Diane Cosenzi	
Name	
2231 NE 32nd Street	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Lighthouse Point,	FL 33064
City, State, a	nd 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	O Print
"MGRM" = Managing Member		06 OFC 19
MGR	Diane Cosenzi	C STATE
	· 2231 NE 32nd Street	The state of the s
	Lighthouse Point, FL 33064	1 980
MGR	Marianne Durham	PH 1:01
	2043 Hornbeck Court	
	Raleigh, NC 27614	
MGRM	Carla Cosenzi	
	255 Promonade	· · · · · · · · · · · · · · · · · · ·
	Providence, RI 02908	
MGRM	V Sadallah	
	1723 Sherman Drive	
	New Hartford, NY 13501	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than t	he date of filing:	(OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than f	ive business days prior
or or young arror the date of ming,		
REOUIRED SIGNATURE:		

<u>REQUIRED</u> 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.)

Diane Cosenzi

Typed or printed name of signee

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)