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(Requestor's Name)
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(Dusings F. Wa March)
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration bivision of C			
SUBJI	ECT. MOOI	NLITE MULTIMED	IA LLC	
30.00		(Name of Limit	ed Liability Compa	any)
The en	nclosed Articles o	of Organization and fee(s) are	submitted for filing	3 .
Please	return all corres	pondence concerning this matt	er to the following	:
	ALEXIE R	RIVERA		
			(Name of Person)	
	MOONLI	ΓΕ MULTIMEDIA L	.LC	
			(Firm/Company)	
	19336 TIM	MBER PINE LN		
			(Address)	
	ORLAND			
		(Cit	y/State and Zip Code)
For fur	ther information	concerning this matter, please	call:	
ALE	XIE RIVEI	RA	at (407	267-2395
	(Name	e of Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed is a check for	or the following amount:		
\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	by Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton Bi 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle

14.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
MOONLITE MULTIMEDIA LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
19336 TIMBER PINE LN	19336 TIMBER PINE LN	
ORLANDO FL 32833	ORLANDO FL 32833	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ALEXIE RIV	/ERA		
	Name		
19336 TIME	BER PINI	E LN	
Flo	orida street add	iress (P.C	D. Box NOT acceptable
ORLANDO	32833	_ FL _	
	City, State, a	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, 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:
"MGRM" = Managing Memb	per :
MGR	ALEXIE RIVERA
	19336 TIMBER PINE LN
	ORLANDO FL 32833
MGRM	HEIDI SANCHEZ
	19336 TIMBER PINE LN
	ORLANDO FL 32833
z	
	•
(Use attachment if necessary)	
I E V. Effective data if other	when the data of film.
Testive date is listed, the date	than the date of filing: (OPTIONA must be specific and cannot be more than five business day
days after the date of filing.)	
unju unior the dute of thing.)	
DECLUDED CLCS/4000DE	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	

that the facts stated herein are true.)
ALEXIE RIVERA

Typed or printed name of signee

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)