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C. LEWIS

MAR 1 1 2010

EXAMINER

COVER LETTER

TO:	Registration S Division of C			***	.	4	٠
CHE	тст. Mountai	in Moon Management					
3013	ECI: Marine	Name of Limit	ed Liability Co	ompany	······································		
The e	nologad Articles s	of Organization and fee(s) are	submitted for t	Slina			
				_			
Flease	return all corres	pondence concerning this mat	ter to the toho	ving:			
	Anne Marhoe	fer			<u>. </u>		
			Name of Perso	n			
	Mountain Mod	on Management					
			Firm/Company	,			
	10602 Satellit	e Blvd					
			Address				
	0 dd El 0	0007					
	Orlando, FL 3		y/State and Zip	Code			
	herzon@ente	chcreative.com	y, oraco ana carp				
	norzog@cnto	E-mail address: (to be used	for future annual	report noti	fication)		**
For fu	rther information	concerning this matter, please	e call:				
Anne	Marhoefer		at (_407	\2 5 1	-9898		
		of Person	Area (/		phone Number	
Enclo	sed is a check f	or the following amount:					
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⊔ \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 F Certified		& u	\$160.00 Filing Certificate of	-
			(additional		closed)	Certified Cop (additional copy	
		Mailing Address		t/Courier			
		Registration Section Division of Corporations		tration Section of Cor		3	
		P.O. Box 6327	Clifto	n Buildin	g		
		Tallahassee, FL 32314		Executive hassee, FL		Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:

Mountain Moon Management, LLC	

Orlando, FL 32837

The name of the Limited Liability Company is:

ARTICLE II - Address:The mailing address and street address of the principal office of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Principal Office Address:	Mailing Address:
10602 Satellite Blvd	10602 Satellite Blvd
Orlando, FL 32837	Orlando, FL 32837
	ered Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another the registered agent are:
Anne Marhoefer	SSY O M
Na	
10602 Satellite Blvd	me COST
Florida street	address (P.O. Box NOT acceptable)

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

FILED

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

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

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SECRETARY OF STATE

Name and Address:	TALLAHASSI
Anne Marhoefer	
10602 Satellite Blvd	
Orlando, FL 32837	
John Marhoefer	
10602 Satellite Blvd	
Orlando, FL 32837	
George Moore	
10602 Satellite Blvd	
Orlando, FL 32837	
	•
	<u> </u>
e date of filing:	(OPTIONAL
	10602 Satellite Blvd Orlando, FL 32837 John Marhoefer 10602 Satellite Blvd Orlando, FL 32837 George Moore 10602 Satellite Blvd

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.)

George Moore

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)