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EXAMINER



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ARTICLES OF ORGANIZATION

FOR

LUNA CRESCENS, LLC.

THE UNDERSIGNED, for the purpose of forming a Limited Liability Company under the provisions of Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I

Name

The name of the Limited Liability Company is LUNA CRESCENS, LLC.

ARTICLE II

Address

The address of the principal office of the Limited Liability Company is 224 River Village Prive, **98**Bary, Florida 32713.

ARTICLE III

Purpose

The Limited Liability Company may transact any and all business for which Limited Liability Companies may be lawfully organized under the Laws of the State of Florida.

ARTICLE IV

Registered Agent

The name and Florida street address of the registered agent is COREY WILSON, 224 River Village Drive, DeBary, Florida 32713.

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 that 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, Florida Statutes.

Corey Wilson, Registered Agent

ARTICLE V

Managing Member

The name and address of the Managing Member is as follows:

<u>Title</u>

Name and Address

MGRM

COREY WILSON AND TARA WILSON REVOCABLE INTERVIVOS TRUST 224 River Village Drive DeBary, Florida 32713

DATED: 10/27/10, 2010.

Corey Wilson, Co-Trustee Managing Member

Tara Wilson, Co-Trustee Managing Member

STATE OF FLORIDA COUNTY OF VOLUSIA

BEFORE ME, the undersigned authority, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared COREY WILSON and TARA WILSON, as Co-Trustees of the COREY WILSON AND TARA WILSON REVOCABLE INTERVIVOS TRUST, who is personally known to me or who produced _______ as identification, and he known to me or who produced acknowledged that he executed the same for the purposes therein expressed.

WITNESS my hand and official seal this day of Oct

Notary

Mylcommission expires:

JOHN E. CROWTHER MY COMMISSION # DD 990144 EXPIRES: September 10, 2014 Bonded Thru Budget Notary Services