

L10000119945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

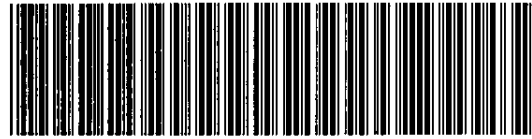
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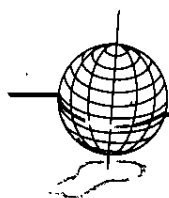


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 18 2010
EXAMINER



ROJAS LAW FIRM, LLP
attorneys at law

Teresa Gail Sosby
gsosby@rojaslawfirm.com

November 15, 2010

VIA REGULAR U.S. MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Moonlight Yarns, L.L.C.

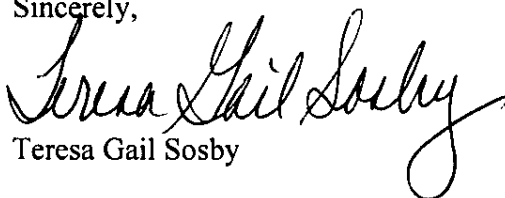
The Articles of Organization for Moonlight Yarns, LLC and required fee in the amount of \$125.00 are enclosed for filing. Please reply to the undersigned, at:

Teresa Gail Sosby, Esq.
Rojas Law Firm, LLP
Two Datan Center, Suite 1209
9130 South Dadeland Boulevard
Miami, FL 33156
Tel.: (305) 446-4000
Fax: (305) 446-7764

Please send all annual report notifications to the following email addresses:
gsosby@rojaslawfirm.com and ccastellon@jordancastellon.com.

If you have any questions concerning this matter, please feel free to contact me.

Sincerely,


Teresa Gail Sosby

Enclosures.

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ARTICLES OF ORGANIZATION FOR MOONLIGHT YARNS, LLC
A Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is: Moonlight Yarns, LLC.

ARTICLE II - Address:

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

Principal Office Address: 8424 NW 56th Street
Miami, FL 33166

Mailing Address: 8424 NW 56th Street
Miami, FL 33166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Aragon Registered Agents, Inc.
255 Alhambra Circle, Suite 500
Coral Gables, FL 33134

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.

Aragon Registered Agents, Inc.

By:

Mayra Fernandez
(Name) MAYRA FERNANDEZ
(Title) President

Date:

11/11/10

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TALLAHASSEE, FLORIDA

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

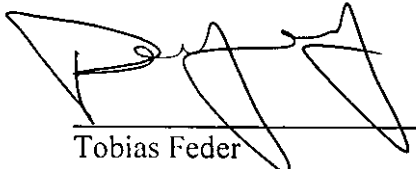
The name and address of each Manager or Managing Member is as follows:

Tobias Feder
Managing Member
8424 NW 56th Street
Miami, FL 33166

Andrea Nimoi
Manager
8424 NW 56th Street
Miami, FL 33166

ARTICLE V: Effective date: Upon filing.

(Must be signed by at least one Member or authorized representative of a Member)



Tobias Feder
Managing Member

10/18/2010

Date

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TALLAHASSEE, FLORIDA