

**L13000092806**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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Account Name : A.A.ALI, CPA  
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**EFFECTIVE DATE**

6/26/13

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
FIVE MOON, LLC.**

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TALLAHASSEE, FLORIDA



*Name Change*



June 27, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A.A. ALI, CPA

SUBJECT: FIVE MOON, LLC  
REF: W13000036963

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : FIVE MOONS, INC, document number P10000095188.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: E13000145047  
Letter Number: 213A00016065

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2013 JUN 27 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FIVE MOON USA, LLC**

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

**ARTICLE II - Address:**

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

**122 EAST NOBLE AVE.  
BUSHNELL, FL 33513**

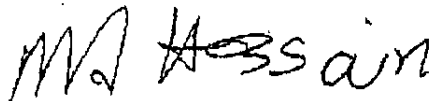
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

**MD HOSSAIN  
122 EAST NOBLE AVE.  
BUSHNELL, FL 33513**

*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..*



**MD HOSSAIN/ Registered Agent's Signature**

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

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

"MGR" = Manager

"MGRM" = Managing Member

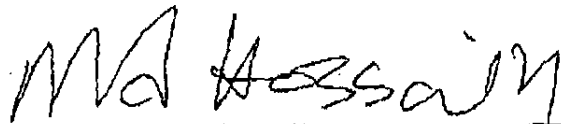
**MOHAMMED A. KADER - PRESIDENT**  
122 EAST NOBLE AVE.  
BUSHNELL, FL 33513

**MD HOSSAIN - VICE PRESIDENT**  
122 EAST NOBLE AVE.  
BUSHNELL, FL 33513

**ARTICLE V: Effective date, if other than the date of filing: 6/26/2013**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**MD HOSSAIN**

\_\_\_\_\_  
Typed or printed name of signer

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