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(Red	questor's Name)	
(Add	dress)	
(Adv	dress)	
(ria)	110307	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

JUL 16 2013 T CLINE

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ст: <u>Мо</u> с	on Shadow Name of Limit	SOCIPS ed Liability Company	
The enc	losed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please r	eturn all corresp	ondence concerning this matt	er to the following:	
-	Do	awn Finney	Name of Person	
-			Firm/Company	
•	346	metrose Lan	ding Blut	
_	Hawt	metrose Can norne, FC 32	3640	AND SECR
			MULL DM for future annual report notification)	RETARY OF STATE AHASSEE, ELARID
		concerning this matter, please		OF STA
_ <u>D</u>	awa F	100e(4	at (352) 475-5	Number 5
Enclose	ed is a check fo	or the following amount:		
□\$ 125.0	00 Filing Fee	Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Moon Shadow Soaps (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
346 molrose Landon Blut Hawthorne, F1 32640	Same
Hawthorne	red Agent. You must designate an individual or another gistered agent are:

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGZ	Dawn Finney 3416 melose Grading Blud Hawthorns, Fi 32646
	ist be specific and cannot be more than five busines
or 90 days after the date of filing.) REQUIRED SIGNATURE:	
Signature of a mem	ber'or an authorized representative of a member.

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

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)

Typed or printed name of signee