#113000/2335/

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
SECRETARY OF FLORIDA

K. SALY EXAMINER AUG 3 0 2013

COVER LETTER

	Division of Co			
SUBJEC"	r: Lun	A ONE PEOD	INCE, LLC	
		Name of Limit	ed Liability Company	
The enclo	sed Articles of	f Organization and fee(s) are	submitted for filing.	
Please retu	urn all corresp	ondence concerning this matt	er to the following:	
		Ablo PERE		
	Lu	NR ONE PR	Firm/Company	
		SW 156th St		
	Palmet P	to Bay, FL Cit auone 1 0 ho E-mail address: (to be used f	y/State and Zip Code of Mail. Com for future annual report notification)	
		concerning this matter, please		
Pab	lo Per	モ Z of Person	at (305) 812 - 4 Area Code & Daytime Telep	5626 hone Number
Enclosed	is a check fo	or the following amount:		
\$125.00	Filing Fee	□\$130.00 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)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Name:

The name of the Limited Liability Company is:

LUNA ONE Product, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

90215W156* St.

Apt. C-125

Polymetro Buy, FC 33/57

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:

Pablo Perez

Name

90215W156* St. Apt C-125

Florida street address (P.O. Box NOT acceptable)

Palmetro Buy, State, and Zip

Part 33/57

Ay, State, and Zip

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

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR.	Pablo Perez 9021 SW 156th St. Apt. C-125 tallmetto Bay, FC 33157
(Use attachment if necessary)	•

ARTICLE V: Effective date, if other than the date of filing: August 25, 20/3. (OPTIONAL) (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)