

L14000059307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

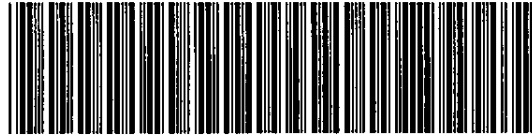
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/14--01021--004 **125.00

Effective Date 4/15/14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 27 PM 4:24

APR 10 2014
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moon Media LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Cunill Esq.
Name of Person

Law Offices of Adorno-Cunill & Damas P.L.
Firm/Company

1000 Brickell Ave. Suite 1005
Address

Miami, FL 33131
City/State and Zip Code

info@acdfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cunill at (305) 3819999
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2014

JOHN CUNILL ESQ
LAW OFFICES OF ADORNO-CUNILL & DAMAS P.L
1000 BRICKELL AVE, SUITE 1005
MIAMI, FL 33131

SUBJECT: MOON MEDIA LLC
Ref. Number: W14000021007

We have received your document for MOON MEDIA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 27, 2014. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 614A00007045

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DIVISION OF CORPORATIONS
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Effective Date 4/15/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moon Media 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:

1250 S. Miami Ave. Unit 1904

Miami, FL 33130

Mailing Address:

400, St-Jacques Ouest, Suite 400

Montréal (QC) H2Y 1S1

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:

The Law Offices of Adorno-Cunill & Damas P.L.

Name

1000 Brickell Ave Suite 1005

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

Miami

City

FL 33131

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

LEIF STEFFENSEN

400, St-Jacques Ouest, Suite 400,

Montréal (QC) H2Y 1S1

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~03/15/2014~~ 4/15/2014 (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.)

ARTICLE VI: Other provisions, if any.

For any and all lawful business

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Leif Steffensen

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)