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(Address) (City/State/Zip/Phone #)	10020000211					
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(Business Entity Name) (Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:	FILED 2014 JUN -5 AM 10: 29 SECRETARY OF STATE TALLAHASSEE, FLORIE					
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	K. SALY EXAMINER					

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DOMESTIC FILING

NAME: MOON RIVER HOLDINGS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
- PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
- XXX____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING
- CONTACT PERSON: Emily Gray EXT. 62925

EXAMINER'S INITIALS:

FILED 2014 JUN-5 AM 10:29 PALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE | - Name:

The Name of the Limited Liability Company is: Moon River Holdings, LLC

ARTICLE II – Address:

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

- a: Mailing Address: 795 Whisper Woods Drive, Lakeland, FL 33813
- b: Street Address: 795 Whisper Woods Drive, Lakeland, FL 33813

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

> RAYMOND OBERHOFER Name

795 Whisper Woods Drive Florida street address (Post Office Box NOT acceptable)

> Lakeland, Florida 33813 City, 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 actin 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 Signa

ARTICLE IV – Management (Check applicable box)

The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

<u>X</u> The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

ARTICLE V -

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

Name and Address:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager

"AMBR"

Raymond Oberhofer 795 Whisper Woods Drive Lakeland, Florida 33813

"AMBR"

Marie Oberhofer 795 Whisper Woods Drive Lakeland, Florida 33813

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.)

Raymond Oberhofer

Typed or printed name of signee