

L15000049237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

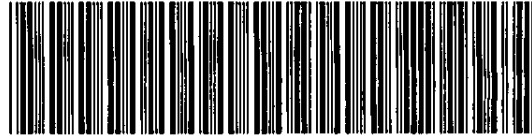
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/23/15--01014--003 **160.00

W15-15152

FILED
15 MAR 18 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch MAR 20 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Moon 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:

Saudhy Bliss

Name of Person

New Moon LLC

Firm/Company

1319 Zapata Ct

Address

Winter Springs, FL 32708

City/State and Zip Code

saudhyb@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saudhy Bliss

Name of Person

at (787) 431-9695

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2015

SAUDHY BLISS
1319 ZAPATA CT
WINTER SPRINGS, FL 32708

SUBJECT: NEW MOON LLC
Ref. Number: W15000015152

RECEIVED
15 MAR 18 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

→ (new name attached)

We have received your document for NEW MOON LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 415A00004337

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~REY'S NEW MOON LLC~~ Rey's New Moon 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:

1319 Zapata Ct
Winter Springs, FL 32708

Mailing Address:

1319 Zapata Ct
Winter Springs, FL 32708

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:

Daniel Bliss
Name
1319 Zapata Ct
Florida street address (P.O. Box **NOT** acceptable)
Winter Springs FL 32708
City Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Carlos Arocho
736 Baywood Cir
Sanford, FL 32773

AMBR

Saudhy Bliss
1319 Zapata Ct
Winter Springs, FL 32708

AMBR

Daniel Bliss
1319 Zapata Ct
Winter Springs, FL 32708

AMBR

Gisela Hernandez
736 Baywood Cir
Sanford, FL 32773


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

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.)

Saudhy Bliss

Typed or printed name of signer

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)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE