# 115000/38728

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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to Fi	ling Officer:				

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SECRETARY OF STATE DIVISION OF CORPORATION

~ 08/18/15

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Moon Rabbit Transport, 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:
Dennis Ostolaza  Name of Person
Name of Person
Firm/Company
1162 English Gunden Lane Address
Winter Ganden, FZ 34787  City/State and Zip Code  Moon nabbit transport @ gmuil. Com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pannis Ostalaza 371 (95-0474
Name of Person Area Code Daytime Telephone Number
a signature of the sign
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	ited Liability Com	ipany is:		
	Moon	Rabbit	Transport, LLC	
	(Must end with th	e words "Limited	Liability Company, "L.L.C.," or "LLC.")	

**ARTICLE II - Address:** 

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
1162 English Garden Lane	1162 Emilish Garden Lane
Winterbarden, FL 34787	Winter Garden FL 34787
	1-11-11-11-11-11-11-11-11-11-11-11-11-1

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.)

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)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATION:

Dennis Ostolaza 1162 English Garden Lane Winter Garden / FL 34787
**************************************
iling: (OPTIONAL)  c and cannot be more than five business days prior to or 90 days after  the applicable statutory filing requirements, this date will not be listed a tate's records.
N.A-
,

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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