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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CALDWELL HITCHNER, PLLC
Account Number : I20150000052
Phone : (407)694-3755
Fax Number : (407)358-5182

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Moondust Media, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Handwritten signature and date: 06/02/16

RECEIVED

16 JUN -1 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUN -1 PM 12:39

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Articles of Organization
of
Moondust Media, LLC

16 JUN -1 PM 12:39

SECRETARY OF STATE
DIVISION OF CORPORATIONS

The undersigned, pursuant to the provisions of Florida Statutes Chapter 605 (the "LLC Act"), for the purpose of forming a limited liability company under the laws of Florida, provides the following:

1. Name

The name of the limited liability company is Moondust Media, LLC (the "Company").

2. Period of Duration

The duration of the company is perpetual, unless terminated earlier under the Act or the Company's operating agreement.

3. Principal Place of Business Address

Moondust Media, LLC
4767 New Broad Street
Orlando, FL 32814

This address may be changed from time to time as provided in the Company's operating agreement.

4. Mailing Address

Caldwell Hitchner, PLLC
4767 New Broad Street
Orlando, FL 32814

This address may be changed from time to time as provided in the Company's operating agreement.

5. Registered Agent

The Company's registered agent in Florida is:

Caldwell Hitchner, PLLC
4767 New Broad Street
Orlando, FL 32814

Having been named as registered agent and to accept service of process for the above stated Company at the place designated in this certificate, I hereby accept the appointment as registered

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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.

By: 
Aimee Collins Hitchner
For the Firm

6. Purpose

The purpose of the Company is to conduct any and all business permitted by the LLC Act and any other applicable laws.

7. Members

The Company shall have at least one member and may admit additional members as the Company's operating agreement may provide.

8. Management

The Company shall be manager-managed and shall be managed by one or more managers appointed by its members in accordance with the terms of the operating agreement. The members shall designate the managers, who may also be members, at an annual meeting. The initial manager, who may serve until the first annual meeting of the members is:

Aimee Collins Hitchner, Manager

9. Continuity

The Company shall not be dissolved upon the death, retirement, resignation, expulsion, dissolution, or any other event that terminates the membership of a member in the Company or would result in dissolution of the Company, in accordance with the terms of its operating agreement, the Company shall not be dissolved without the written consent of the Company's remaining members.

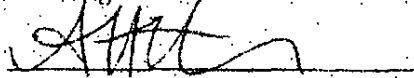
10. Effective Date

The effective date of organization is the date filed by the Department.

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Dated: May 9, 2016

I am the authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, FS. I acknowledge that I have read the "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.



Aimee Collins Hitchner

Authorized Representative of the Members

STATE OF FLORIDA

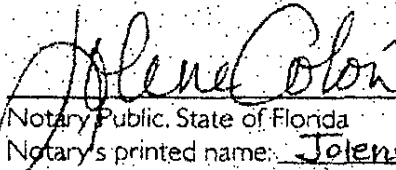
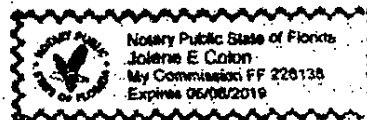
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COUNTY OF ORANGE

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The foregoing instrument was acknowledged before me on May 9, 2016, by AIMEE COLLINS HITCHNER, who produced a driver's license issued by Florida that contained her photograph and signature as identification.


Notary Public, State of FloridaNotary's printed name: Jolene Colon

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