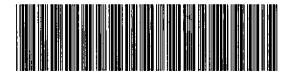
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EFFECTIVE DATE 06/27/16

07/14/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Over The Moon Vacations, 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:
Joshua Kobasky Name of Person
Over The Moon Vacations, LLC
1050 Brickell Avenue, Apt. 2610
Miami Florida 73131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toshva Kobasky at (954) 243-3547 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
(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: Mailing Address:		
1050 Brickell Avenue 1050 Brickell Avenue Apt. 2610 Migmi, FL 33131 Migmi, FL 33131	_ _ _	
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:		
Joshua Kobasky		
Name		
Joshua Kobasky Name 1050 Brickell Avenue, Apt. 2610 Florida street address (P.O. Box NOT acceptable)		
Miami FL 33131		
City State Zip		
daving been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutientm familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S	ity. I	
Registered Agent's Signature (REQUIRED)	e *	
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(CONTINUED)		
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<u>Title:</u> "AMBR" = A	uthorized Member	Name and Address:		
"MGR" = Ma M6R		Joshva Kobasky 1050 Birckell Ave. Apt. 2610 Miami, Fr 33131		
AMBI	2	Allison F Kobasky 1050 Brickell Ave Apt 76 Migni FL, 53131	10	
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