

L16000147606

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2016 JUL -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2016

HARVEST TAI PERILLO
HARVEST MOON, LLC
327 RACETRACKRD NE SUITE C
FORT WALTON BEACH, FL 32547

SUBJECT: HARVEST MOON, LLC
Ref. Number: W16000048718

2016 JUL -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HARVEST 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P15000010731,

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) 245-6052.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 616A00014739

RECEIVED

16 AUG -3 PM 4:10

REG. DIV.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARVEST 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:

327 RACETRACK RD NE SUITE C
FORT WALTON BEACH FL
32547

Mailing Address:

PO BOX 4801
FORT WALTON BEACH FL
32549

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:

HARVEST TAI PERILLO

Name

501 UNION STREET

Florida street address (P.O. Box **NOT** acceptable)

FORT WALTON BEACH FL 32547

City

State

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 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.

Harvest Tai Perillo
Registered Agent's Signature (REQUIRED)

2016 JUL -5 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-17-16

(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 / MGR

Name and Address:

HARVEST TAI PERILLO

501 UNION STREET

FORT WALTON BEACH FL 32547

MGR / AMBR

GREG TUCKER

501 UNION STREET

FORT WALTON BEACH FL 32547

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 1 ST 2016. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 6-27-16

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Harvest Tai Perillo

Typed or printed name of signee

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)