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COVER LETTER

mited Liability Company	
are submitted for filing.	
natter to the following:	
All the state of t	
Name of Person	
F:_/C	
rimi/Company	
Address	
City/State and Zip Code	
ed for future annual report notification)	
ease call:	
561,512-2602	
Area Code Daytime Telephone Number	
S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status &
Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SECRE ONLY OF ST
	Name of Person Firm/Company Address City/State and Zip Code ed for future annual report notification) case call: 5/12-2602 Area Code Daytime Telephone Number Certified Copy Certificate of Certified Copy (additional copy is enclosed) Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. – .					
ARTICLE I - Name:					
The name of the Limit	ed Liability Company is:				
Moonlite Event Staff	ina LLC				
(1	Must end with the words "Lim	ited 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 Add	ress:	Mailing Address:			
6142 Garrett St		6142 Garrett St			
<u>Jupiter, FL 33458</u>		Jupiter, FL 33458	· · · · · · · · · · · · · · · · · · ·		
another business entit	y with an active Florida registrida street address of the registe Paula Neier	•	ignate an individual or		
	N	ame			
	6142 Garrett St Florida street address (P.O.	Box NOT acceptable)			
	Jupiter, FL 33458				
	Jupiter, FL 33458 City	Zip			
the place designate capacity. I further a	ed in this certificate, I hereby a agree to comply with the provisi am familiar with and accept th	ot service of process for the above state coept the appointment as registered a ions of all statutes relating to the prope obligations of my position as register hapter 605 F.S	gent and agree to act in this per and complete performance		
	(CONT	INUED)	SECRE TALL 7		

Page 1 of 2

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RY OF STAFE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	,
MGR — Manager MGR	Paula Neier
	Jupiter, FL 33458
	6142 Garrett St
MGR	Steven Pfeifer
	239 Beach City Rd Ste 1221
	Hilton Head Island, SC 29926
(Use attachment if necessary)	of filing: November 7, 2016. (OPTIONAL)
an effective date is listed, the date must be speed ate of filing.)	ecific and cannot be more than five business days prior to or 90 day
RTICLE VI: Other provisions, if any.	/ k
<i></i>	
REQUIRED SIGNATURE	111/11/11/11
(F 1/1)	
Signature of a me	where or an authorized representative of a member
Signature of a me	ember of an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
(In accordance with section 60 constitutes an affirmation unde	05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
(In accordance with section 60 constitutes an affirmation unde I am aware that any false infor	05.0203 (1) (b), Florida Statutes, the execution of this document
(In accordance with section 60 constitutes an affirmation unde I am aware that any false infor	05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor	05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felor Paula Neier	05.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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

ARTICLE IV-

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\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

Moonlite Event Staffing LLC

INITIAL LIST OF MEMBERS

The following named person(s) shall constitute the initial members of Sunshine Event Staffing LLC:

Paula Neier

6142 Garrett St

Jupiter, FL 33458

Steven Pfeifer

239 Beach City Rd Ste 1221

Hilton Head Island, SC 29926

Paula Neier, Organizer

Date

K WIN 23 NH 8: