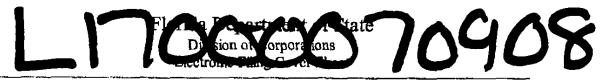
Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA

Account Number: 076424000767 Phone: (305)442-3334 Fax Number: (305)443-3292

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

Email Address: Olivera Q SRHL-Law. Com

FLORIDA LIMITED LIABILITY CO. MOONBAY 1103 LLC

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March 30, 2017

FLORIDA DEPARTMENT OF STATE SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORREE MOCAR

SUBJECT: MOONBAY 1103 LLC

REF: W17000027190

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please state the name of the individual in the managers section of the document.

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

FAX Aud. #: B17000084798 Letter Number: 117A00006091 [H17000084798 3]

COVER LETTER

TO: Registration Department Division of Corporations

SUBJECT: MOONBAY 1103 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:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

[H17000084798 3]

ARTICLE I - NAME:

The name of the Limited Liability Company is: MOONBAY 1103 LLC.

ARTICLE II - ADDRESS:

17 MAR 30 AM 9: 04
SECRETARY OF SWALL
ALLAHASSEE, FLORIDA

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

Principal Office Address: 701 Brickell Avenue, Suite 2040 Mlami, Florida 33131

Mailing Address:

701 Brickell Avenue, Suite 2040 Miami, Florida 33131

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is HERVE BARBERA, 701 Brickell Avenue, Suite 2040, Miami, Florida 33131.

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.

Herve Barbera, Registered Agent

ARTICLE IV - MANAGER/DIRECTORS

Title:		Name and Address
		Herve Barbera
MGR		701 Brickell Avenue, Suite 2040
		Miami, Florida 33131
REQUIRED SIGNATURE:	 Ω	

Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

 HERVE BARBERA	