

L18 000 005 344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

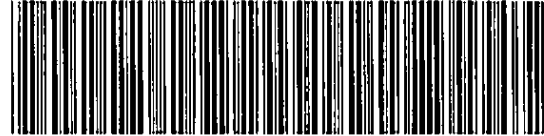
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 08 2016

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Moonlight Beach, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amit Patel, CPA

Name of Person

AP Accounting & Tax Services, PL

Firm/Company

4907 International Parkway, Suite 1061

Address

Sanford, Florida 32771

City/State and Zip Code

samybehiri@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amit Patel, CPA

407

328-5001

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
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:

Moonlight Beach, LLC

(Must contain 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:

600 Sweetwater Bay Court

Longwood, Florida 32779

600 Sweetwater Bay Court

Longwood, Florida 32779

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:

Mahmoud Sami Elbehiri

Name

600 Sweetwater Bay Court

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

Longwood

FL

32779

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..

M Sami Elbehiri

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

— 150 —

M. Samir Z. Behin

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Mahmoud Sami Elbehiri
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

Nayra Shehab Eldin
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

Mousa (Sader Eddin) Sa'ed Eddin Sa'ed
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

As'ad Sader-Eddin Sa'd Eddin Sa'ed
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

Moh'd (Sader Aldeen) Sa'ad Al-din Sa'ed
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

Marwan Bushnak
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

Wael Jumah Miohammad Al-Khatib
600 Sweetwater Bay Court
Longwood, Florida 32779

AMBR

Shaker Bushnak
600 Sweetwater Bay Court
Longwood, Florida 32779