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	w Filing Section vision of Corporations			
SUBJECT:	Moonlight Beach, LLC			
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.	
Please retur	m all correspondence concerning this	matter to the	ollowing:	
	Amit Patel, CPA			
		Name of	Person	
	AP Accounting & Tax Services, Pt.			
		Firm/Co	mpuny	
	4907 International Parkway, Suite F			
		Addı	ess	
	Sanford, Florida 32771			
:	samybehiri/q,gmail.com	City/State ar	d Zip Code	
_	E-mail address; (to be us	sed for future a	innual report notification)	
For further in	nformation concerning this matter, ple	rase call:		
	Amit Patel, CPA	407 (	328-5001 	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
]\$125.00 Fi	ling Fee \$130,00 Filing Fee & Certificate of Status	└──Certiti	on Filing Fee & S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations Clifton Doil line	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Moonlight Beach.	. I.I.C		
(Must e	ontain the words "Limited L	iability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address:			
e mailing address and stree	et address of the principal of	fice of the Limited	Liability Company is:
<u>Prin</u>	Principal Office Address:		Mailing Address:
600 Sweetwater F	600 Sweetwater Bay Court		Sweetwater Bay Court
Longwood, Florida 32779			
RTICLE III - Registered a	la 32779 Agent, Registered Office, 8	Lon  Registered Age Registered Agent.	gwood. Florida 32779 nt's Signature: You must designate an individu
RTICLE III - Registered a he Limited Liability Compa other business entity with a	la 32779 Agent, Registered Office, 8 any cannot serve as its own I	Lon  Registered Agent.  1.)	nt's Signature:
RTICLE III - Registered a he Limited Liability Compa other business entity with a	la 32779 Agent. Registered Office, & any cannot serve as its own I an active Florida registration	Lon  Registered Agent.  1.)  agent are:	nt's Signature:
RTICLE III - Registered and the Limited Liability Comparation other business entity with a	da 32779  Agent. Registered Office, & any cannot serve as its own I an active Florida registration ret address of the registered	Lon  Registered Agent.  1.)  agent are:	nt's Signature:
RTICLE III - Registered and the Limited Liability Comparation other business entity with a	da 32779  Agent. Registered Office, & any cannot serve as its own I an active Florida registration ret address of the registered	Lon  Registered Agent.  agent are:  hiri  Name	nt's Signature:
RTICLE III - Registered and the Limited Liability Comparation other business entity with a	la 32779  Agent, Registered Office, & any cannot serve as its own I an active Florida registration set address of the registered.  Mahmoud Sami Elber	Lon  Registered Agent,  ),) agent are: hiri Name	nt's Signature: You must designate an individu
RTICLE III - Registered and the Limited Liability Comparation other business entity with a	Agent. Registered Office, & any cannot serve as its own I an active Florida registration ret address of the registered.  Mahmoud Sami Elber 1600 Sweetwater Bay C	Lon  Registered Agent,  ),) agent are: hiri Name	nt's Signature: You must designate an individu

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 Sam St. Belino Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

Use attachment if necessary)  E.Y. Effective date, if other than the date of tiling: 01/01/2018	AMBR" = Authorized Mer	nper
SEE ATTACHMENT FOR LISTING  OF MANAGERS  AND MANAGERS  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.)  (In the date is listed, the date must be specific and cannot be more than five business days prior to or 90 filling.)  (In the date inserted in this block does not meet the applicable statutory filling requirements, this date will no tent's effective date on the Department of State's records.  (In the provisions, if any.)  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.  Mahmoud Sami Elbehiri  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)  \$50.00 Certified Copy (Optional)	STCD!! = A Company	
Use attachment if necessary)  3. V: Effective date, if other than the date of filing: (01/01/2018 (OPTIONAL))  4. Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  4. It is determined in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records.  5. VI: Other provisions, if any.  5. Signature of a member or an authorized representative of a member.  7. 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.  6. Mahmoud Sami Elbehiri  7. Typed or printed name of signee  Filing Fees:  5. 30.00 Certified Copy (Optional)  5. 5.00 Certified Copy (Optional)	Mene - Manager	SEE ATTACHMENT FOR LISTING
Use attachment if necessary)  EV: Effective date, if other than the date of filing: (11/01/2018	<del></del> -	OF MANAGERS
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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)	REQUIRED SIGNATURI Signa This docum I am aware	E:  M Saw 2f Belin  ture of a member or an authorized representative of a member, tent is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of State
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## ARTICLE IV-

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

<u>Title:</u>	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