## L21000 428934

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	ΛAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

	**WALK IN**
Moon Rise Real Estate,	LLC
BER	
**PLEASE FIL	E THE ATTACHED AND RETURN**
Plain Copy	
Certified Copy	
Certificate of Stat	iae
**PLEASE OBTAIN T	THE FOLLOWING FOR THE ABOVE ENTITY**
Certified Copy of	Arts & Amendments
Certified Copy of s	Arts & Amendments Complete File (Including Annual Reports)
Certificate of State	
Certificate of State	tas Reflecting:
**APOSTILLE	F' / NOTARIAL CERTIFICATION**
TINATION	
TFICATES REQUESTED_	
155.00	ACCOUNT # 120140000108 Cuthly United Corporate Services, Inc.
	**PLEASE FILE  Plain Copy Certified Copy Certificate of State  **PLEASE OBTAIN T  Certified Copy of Certificate of State Certificate of State  **APOSTILLE  TINATION  IFICATES REQUESTED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Moon Rise Real E	<del> </del>	171122	W. I. C. W. W. I. C. W.	
(Must co	ontain the words "Limited	1 Liability Compar	iy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the Limit	ed Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
21 Mallard Drive		P	O Box 206	<u></u>
Lloyd Harbor, Ne	w York 11743	<u> </u>	old Spring Harbor, New York 11724	
ARTICLE III - Registered A	Agent, Registered Office	, & Registered A	gent's Signature:	
The Limited Liability Compa	any cannot serve as its ow	n Registered Agen	gent's Signature: t. You must designate an individual or	
The Limited Liability Companion ther business entity with a	any cannot serve as its ow an active Florida registrati	n Registered Agenion.)		262) SEC
(The Limited Liability Compa another business entity with a	any cannot serve as its ow an active Florida registrati	π Registered Agen ion.) ed agent are;		2651 S SECK TAL
(The Limited Liability Compa another business entity with a	any cannot serve as its ow an active Florida registrati eet address of the registere	π Registered Agen ion.) ed agent are;		2021 SEP SECRETALLA
(The Limited Liability Compa another business entity with a	any cannot serve as its ow an active Florida registrati eet address of the registere	m Registered Agention.) ed agent are: ervices, Inc. Name		200 SECRETA T SECRETA T TALLAHAS
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	any cannot serve as its ow an active Florida registrati eet address of the registere United Corporate S	m Registered Agention.)  ed agent are:  ervices, Inc.  Name	it. You must designate an individual or	200 SECRETA T SECRETA T TALLAHAS
(The Limited Liability Compa another business entity with a	any cannot serve as its ow an active Florida registrati eet address of the registere United Corporate S	m Registered Agention.)  ed agent are:  ervices, Inc.  Name	it. You must designate an individual or	2021 SEM 30 A SECNETA TO TALLAHASS

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..

Michael A. Barr
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR	Burt Shaffer PO Box 206 Cold Spring Harbor, New York 11724
<del></del>	
(If an effective date is listed, the date must be the date of filing.)	late of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  ot meet the applicable statutory filing requirements, this date will not be listed a  ent of State's records.
ARTICLE VI: Other provisions, if any.	
This document if exe I am aware that any f	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Liam J. Ray, Authorized Representative
Typed or printed name of signee

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