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TALLAHMUSEE, FLORIDA

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COVER LETTER

Division of Corporations	
Moonlight Vision Investments, LLC	
SUBJECT:	
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:	
LUIS E. FERNANDEZ, ESQ.	
Name of Person	Name of Limited Liability Company Annization and fee(s) are submitted for filing. Firm/Company HWY SUITE 220 Address Address Address City/State and Zip Code LEF-LAW.COM All address: (to be used for future annual report notification) Anning this matter, please call: NDEZ, ESQ 305 239-9427
SENTINEL CORPORATE SERVICES LLC	
Firm/Company	-
14411 S. DIXIE HWY SUITE 220	
Name of Limited Liability Company ne enclosed Articles of Organization and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: LUIS E. FERNANDEZ, ESQ. Name of Person SENTINEL CORPORATE SERVICES LLC Firm/Company 14411 S. DIXIE HWY SUITE 220 Address MIAMI, FL 33176 City/State and Zip Code PARALEGAL@LEF-LAW.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: LUIS E. FERNANDEZ, ESQ 305 239-9427	
MIAMI, FL 33176	
City/State and Zip Code PARALEGAL@LEF-LAW.COM	-
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
LUIS E. FERNANDEZ, ESQ 305 239-9427	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	:

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

Street Address
New Filing Section Division
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ED

ARTICLE I - Name:

The name of the Limited Liability Company is:

EPEN DEC -3 PM 4: 34

SHOP LIVEY OF STATE

Moonlight Vision Investments, LLC	<u>M</u>	oonl	ight	Vision	ln	vestmer	nts,	LLC
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(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:		
14411 S. DIXIE HWY	14411 S. DIXIE HWY		
SUITE 220	SUITE 220		
MIAMI, FL33176	MIAMI, FL33176		

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:

SENTINEL CORPOR	ATE SERVICES LLC	
	Name	
14411 S. DIXIE HWY	SUITE 220	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
МІАМІ	Fl.	33176
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 us provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Auth	Name and Address:	
"MGR" ≈ Manag	onzed Meniber Rec	•
MGR	RODRIGO BLANCO	
	14411 S. DIXIE HWY SUTTE 220	
	MIAMI, FL 33176	
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e: If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will late on the Department of State's records.	
REQUIRED SIG	GNATURE:	
- 	Signature of a member or an authorized representative of a member.	
11	his document is executed in accordance with section 605.0203 (1) (b), Florida Statu	ites.
co	am aware that any false information submitted in a document to the Department of Sonstitutes a third degree felony as provided for in s.817.155, F.S.	tate
	RODRIGO BLANCO, MANAGER	
	Typed or printed name of signee	
	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)