

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC
 Account Number : I20200000102
 Phone : (954)998-1035
 Fax Number : (954)573-1480

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

Email Address: _____

FLORIDA
 DIVISION OF
 CORPORATIONS

2022 JUL 19 AM 8:12

**FLORIDA LIMITED LIABILITY CO.
 MOONLIGHT SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

2022 JUL 19 PM 4:03
 FLORIDA
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 SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

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

SUBJECT: **MOONLIGHT SERVICES 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:

HUBERT ALFREDO PACO TEJADA

Name of Person

MOONLIGHT GROUP LLC

Firm/Company

12383 1ST ST APT B

Address

FORT MYERS FL 33905

City/State and Zip Code

hupate1967@yahoo.com

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

For further information concerning this matter, please call:

HUBERT PACO TEJADA 239 771-9131
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOONLIGHT SERVICES 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:

12383 1ST ST APT B
FORT MYERS FL 33905

Mailing Address:

12383 1ST ST APT B
FORT MYERS FL 33905

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2022 JUL 19 AM 8:12

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:

HUBERT ALFREDO PACO TEJADA

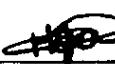
Name

12383 1ST ST APT B

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

<u>FORT MYERS</u>	<u>FL</u>	<u>33905</u>
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

