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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 : CORPOLICENSE, INC Account Number : I20050000118 : (305)774-9606 Phone

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

Email Address: Moonarnp

FLORIDA LIMITED LIABILITY CO. MOON MEDICAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF MOON MEDICAL SERVICES, LLC

ARTICLE 1 - NAME:

The name of the Limited Liability Company Is:

MOON MEDICAL SERVICES, LLC

ARTICLE II - ADDRESS:

The mailing and principal address of the Limited Liability Company is:

PRINCIPAL ADDRESS:

13985 SW 154th Street Miami, FL 33177 2022 DEC -7 AM 9:55
SECRETARY OF STAR

ARTICLE III - Registered Agent, Registered Office, & Registered

The Registered Agent designated is: MARIA ALEXANDRA MOON

MARIA ALEXANDRA MOON 13985 SW 154th Street Miami, FL 33177 - A Mon

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.

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ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS

UNITS

MGRM

MARIA ALEXANDRA MOON

13985 SW 154th Street Miami, FL 33177

Maria Alexandra Moon

Manager Member

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

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