

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L24000416906
FILED 8:00 AM
September 25, 2024
Sec. Of State
adjohnson

Article I

The name of the Limited Liability Company is:
MOONLIGHT WISHES LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5809 NW WINDY PINES LANE
PORT SAINT LUCIE, FL. US 34986

The mailing address of the Limited Liability Company is:
5809 NW WINDY PINES LANE
PORT SAINT LUCIE, FL. US 34986

Article III

The name and Florida street address of the registered agent is:
LIZETH V DIETZ
5809 NW WINDY PINES LANE
PORT SAINT LUCIE, FL. 34986

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.

Registered Agent Signature: LIZETH VANESSA DIETZ

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
LIZETH V DIETZ
5809 NW WINDY PINES LANE
PORT SAINT LUCIE, FL. 34986 US

Title: AR
STEVEN R DIETZ
5809 NW WINDY PINES LANE
PORT SAINT LUCIE, FL. 34986 US

Title: AMBR
CARMEN R BARBARAN GOMEZ
5809 NW WINDY PINES LANE
PORT SAINT LUCIE, FL. 34986 US

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Signature of member or an authorized representative

Electronic Signature: LIZETH VANESSA DIETZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.