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SECREPARY OF STATE

B. BOSTICK

JAN - 3 2013

EXAMINER

	egistration Section vision of Corporati	ons				
SUBJECT	MOONLIG	HT FUNDING	G, LLC			
55555		Name	of Limited Liability Company	y		
The enclose Existence,	ed "Application by and check are subm	Foreign Limited Liabil itted to register the abo	ity Company for Authorization	n to Transact Business in Florida liability company to transact bus	a," Certificate of siness in Florida	
Please retu	rn all corresponden	ce concerning this matt	er to the following:			
	Elliot P. E	Borkson, Esq.			_	
			Name of Person			
	Elliot P. B	orkson, PA				
			Firm/Company		•	
	1313 So	uth Andrews Ave	enue		_	
			Address			
	Fort Lauc	erdale, FL 3331	6		13 SEI	
			City/State and Zip Code	,	AR AR	1
	ellpremo	@hotmail.com	l be used for future annual repo		JAN -3 PH 5: 43 CREIGNY OF STATE LAHASSEE, FLORID	
		•	·	rt notification)		
For further	information conce	ming this matter, please	e cail;		FLC ST ST	•
Ε	lliot P. Borks	on	at (954) 4	162.6360	PALE ALE	
		me of Person	Area Code & Daytime Tel		- >	
	IAILING ADDRE		STREET ADDRESS: Division of Corporations			
R	egistration Section		Registration Section			
	O. Box 6327 allahassee, FL 3231	4	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed	is a check for th	ne following amoun	nt:			
	125.00 Filing Fee	\$130.00 Filing Fee Certificate of Statu	& \$\bigcip\\$155.00 Filing Fee &	\$160.00 Filing Fee, Certifiction of Status & Certified Cop		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RESIDENCES IN THE STATE OF FLORIDA.

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. MOONLIGHT FUNDING, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2; State of New York 3, 45-1993498
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. March 30, 2011 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. not yet
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1313 South Andrews Avenue
Fort Lauderdale, FL 33316
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows:
P
Emily Stark
155 W 68th Street, Apt 34-F
New York, NY 10023
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Invest in real estate
and mortgages
my Stake
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)
Fmily Stark

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Company is:		
MOONLI	GHT FUNDING, LLC		
If unavailable,	e, the alternate to be used in the state of Florida is:		
2. ·The name a	and the Florida street address of the registered agent and office are:		
	Elliot P. Borkson, Esq. (Name)	13 JAN	71
	1313 South Andrews Avenue	-3 PM	i T
	Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Lauderdale FL 33316	15: 4 3	٧
	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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of New York Department of State } ss:

I hereby certify, that MOONLIGHT FUNDING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/13/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.



13 JAN -3 PH 5: 43
SECRETARY OF STATE
TALL AHASSEE, FLORID.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of December two thousand and twelve.

First Deputy Secretary of State

201212180052 02



October 19, 2012

ELLIOT P. BORKSON 1313 S. ANDREWS AVENUE FT. LAUDERDALE, FL 33316

SUBJECT: MOONLIGHT FUNDING, LLC

Ref. Number: W12000051790

This will acknowledge receipt of your correspondence regarding the above referenced business entity.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

I have enclosed an example copy for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 312A00025856