

M15000004973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

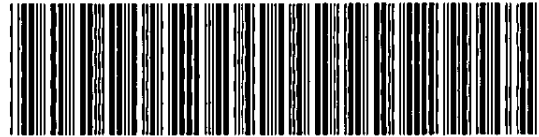
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Special Instructions to Filing Officer:

W15-43220 N/A

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
AND BUSINESS SERVICES
15 JUN 23 PM 3:18
ALL INFORMATION
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 JUN 24 AM 9:36
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

**K. SALY
EXAMINER
JUN 25 2015**

\$3.5

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/23

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xx **CUS** GS

xx **FILING** FOREIGN

1. **LUNA CAPITAL PARTNERS, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 24, 2015

CORPORATE ACCESS, INC.

SUBJECT: LUNA CAPITAL PARTNERS, LLC
Ref. Number: W15000043220

We have received your document for LUNA CAPITAL PARTNERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00013232

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DEPARTMENT OF STATE
15 JUN 24 PM 3:16

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LUNA CAPITAL PARTNERS, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 3. 47-4289951
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1954 First Street, #273
Highland Park, IL 60035
(Street Address of Principal Office)

6. 1954 First Street, #273
Highland Park, IL 60035
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Neil Rollnick, Esq.
Office Address: 2525 Ponce de Leon Blvd., 4th Floor
Coral Gables, Florida 33134
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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's signature)

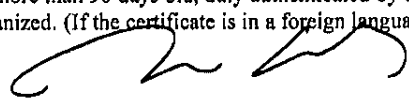
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Luna General Partner, Inc. (Manager)

1954 First Street, #273

Highland Park, IL 60035

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

(In accordance with section 605.0203, 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.)

James J. Glikin, Authorized Signatory

Typed or printed name of signer

FILED
2015 JUN 24 AM 9:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

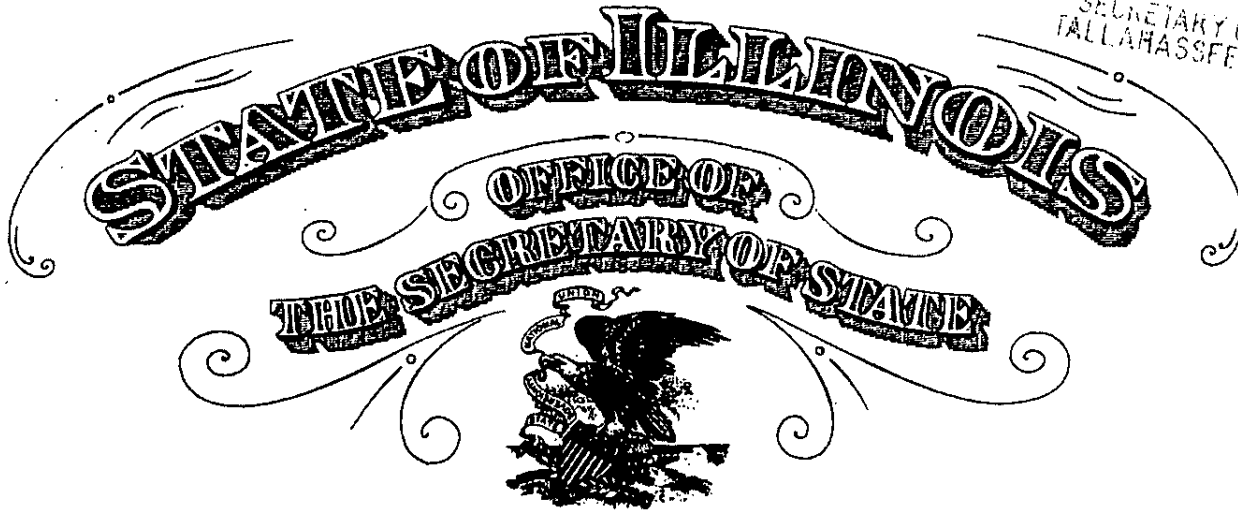
File Number

0522326-1

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2015 JUN 24 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

LUNA CAPITAL PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 15, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 18TH
day of JUNE A.D. 2015 .

Jesse White

SECRETARY OF STATE

Authentication #: 1516902054 verifiable until 06/18/2016

Authenticate at: <http://www.cyberdriveillinois.com>