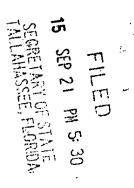
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COVER LETTER

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SUBJI	эст: <i>М</i>	EW Moor Proper Name of 1	sely SoleHious Limited Liability Company	UC	
			any for Authorization to Tra		
Please	return all correspondence c	oncerning this matter to the	following:		
		Eduano V	GROASCO		_
		N	ame of Person		
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	Lduardo Name d	of Contact Person	at (305) 4 Area Code Day	989 - 7966 ytime Telephone Number	98 38 A
	MAILING ADDRESS: Division of Corporations			Γ ADDRESS: of Corporations	
	Registration Section P.O. Box 6327 Tallahassee, FL 32314	,	Registra Clifton E 2661 Ex	tion Section	
Enclos	sed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, 6 of Status & Certified Co	

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 LIABILE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
(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. 1/EVADA 3.
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4.
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. //378 Roya/ Palm Blvd Coeal Springs fl. 53065
(Street Address of Principal Office)
6
(Mailing Address)
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Eduardo Verdasco
Office Address: 1/378 Royal Palm Blud
Coral Springs , Florida 83065 Fig. 2
Registered agent's acceptance: (City) (Zip code)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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 according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties, and I am familiar with and according to the proper and complete performance of my duties.
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:
Edualdo VERDASCO MANAGER
11270 Pour les KI (See) Son
11318 ROYAT THIM ONE CALL SUITES PC 33065
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in th jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under or of the translator must be submitted)
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.
Submitted in a document to the Department of State constitutes a tinit degree felony as provided for in s. 617.133, 1.33.

Typed or printed name of signee





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, NEW MOON PROPERTY SOLUTIONS, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 26, 2015, and is in good standing in this state.

BARBARA K. CEGAVSKE Secretary of State

office on September 17, 2015.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State at ffly

Electronic Certificate Certificate Number: C20150917-0597 You may verify this electronic certificate online at http://www.nvsos.gov/