# MU000008502

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
~ m
W16-72.006
Voine

Office Use Only



500290985355

2016 OCT 25 P II: 12
SECRETARY OF STATE
AND ANASSEF, FLORIDA

FILED

500290985355 10/21/16--01007--009 \*\*125.00

SUFFICIENCY ST TILLING

18 CCT 21 MM ID: 35

SECE VED

D. BRUCE OCT 26 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

Corrected

October 24, 2016

CORPORATE ACCESS

SUBJECT: MOONSTONE SERVICES, LLC

Ref. Number: W16000072006

We have received your document for MOONSTONE SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 916A00022715

16 OCT 25 PH 3: 04

FILED

CORPORATE

When you need ACCESS to the world

INC

236 East 6th Avenue. Tallahassee, Florida 32303

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

	PICK UP: 10-21-14	_
	CERTIFIED COPY	y - <b>, , , -</b> , -
ব	РНОТОСОРУ	<del></del>
	cus	
对	FILING LLC Foreign	
	Monstone Services, LC (CORPORATE NAME AND DOCUMENT #)	
_	(CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	2016 OCT 25 SECRETARY OF TALLAHASSEE.
-	(CORPORATE NAME AND DOCUMENT #)	F STATE
_	(CORPORATE NAME AND DOCUMENT #)  (CORPORATE NAME AND DOCUMENT #)	[ " (#)

#### COVER LETTER

Di	ivision of Corporatio	ns.				
SUBJECT	. MOONSTONE SE	RVICES, LLC		٠.		
Name of Limited Liability Company						
					ansact Business in Florida," Cer y company to transact business	
Please retu	rn all correspondence	concerning this matter to the	following:	•		
	LEANA GUZ	MAN				
		N	ame of Person			
	REGISTEREI	AGENT SOLUTIONS, INC	<b>C</b> .		ZIS O	T
		F	rm/Company		HE	
	1701 DIRECT	OR BLVD SUITE 300			ASSEE	1
	Address					
	AUSTIN, TEX	CAS 78744			ORID	5
		City/S	tate and Zip Code			
	CORPORATE-	team@rasi.com	•			
		E-mail address: (to be use	d for future annual i	report not	tification)	
For further	information concerni	ng this matter, please call:				
L	EANA GUZMAN		888 at (	705-72	74	
_	Name	of Contact Person	Area Code	Day	time Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations tion Section duilding ecutive Center Circle see, FL 32301		
	s a check for the follow I \$125.00 Filing Fee		S155.00 Filing Certified Copy	Fee &	☐ \$160.00 Filing Fee, Certified Copy	ic <b>ate</b>

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

IN COMPLIANCE WITH SECTION 606.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MOONSTONE SERVI	•	·		
(Name of Fore	ign Limited Liability Company; must include	"Limited Liability Company," "L.L.C	," or "LLC.")	_
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpose of trans-	acting business in Florida. The alterna	ste name must include "	 Limited
2. WYOMING	2			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if appl	icable)	
4. UPON APPROVAL				
5. 35095 US Hwy 19. Ste	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S.	ida, if prior to registration.)  S. to determine penalty liability)		
Palm Harbor PL 34684				
	(Street Address of Principal	Office)	<del></del> 2	
6. 35095 US Hwy 19. Ste	105.	·	201 SEE	
Palm Harbor FL 34684			S OCT	1
	(Mailing Address)		SS N	LEI
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	£. Σ.	-
Name:	REGISTERED AGENT SOLUTIONS,	INC.	T	111
Office Address:	155 Office Plaza Dr. Suite A	· ·	TATE ORIDA	U
	Tallahassee	, Florida 32301	D	
	(City)	(Zip cod	de)	
designated in this applicate to complywith the provision	tance: gistered agent and to accept service of pution, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent.  (Registered agen	registered agent and agree to act and complete performance of my Ham Jaldaña A	in this capacity. I fu	erther agree iliar with an
8. The name, title or caps	icity and address of the person(s) who has	/have authority to manage is/are:		
Chris Dufala - 35095 US	Hwy 19. Ste 105. Palm Harbor FL 34684	Member 1		
Vince Grillo - 6003 W. O	verland Rd. #104 Boise Idaho 83709	Member		
Kevin Carroll - 6003 W. 0	Overland Rd. #104 Boise Idaho 83709	Member		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, d of which it is organized. (If the certificate abmitted)	uly authenticated by the official his in a foreign language, a translat	aving custody of recortion of the certificate	rds in the under oath
	- Jan Gu	Kevin Carroll	. Member	
This document is executed submitted in a document to	in accordance with section 605.0203 (1)	(b), Florida Statutes. I am aware the	nat any false informati	on

Typed or printed name of signee

Kevin Carroll

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **MOONSTONE SERVICES, LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 20, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000730161**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of October, 2016 at 3:34 PM. This certificate is assigned 021282425.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.