M17000001759

(Requestor's Name)
(Address)
(Address)
(1881,000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Contification of Chapter
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-





400295403704

02/14/17--01021--003 **125.00



COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	MOONSHOT PROPERTIES,	LLC							
SOBIL	C1.	Name of I	imited Liability C	ompany					
The enc Existen	losed "Application by Foreign Limitece, and check are submitted to registe	ed Liability Comp or the above refere	any for Authorizat need foreign limite	ion to Tra ed liability	insact Business in Florida," Cer company to transact business	tificate of in Florida			
Please r	eturn all correspondence concerning	this matter to the	following:						
	Debbie S. Commander-Ha	aden							
		Ne	me of Person		 				
Firm/Company									
115 Wildwood Trail									
			Address						
	Florence AL 35630								
		City/St	ate and Zip Code						
	dchaden60@gmail.com								
	E-mail ac	ddress: (to be used	for future annual	report not	ification)				
For furt	her information concerning this matte	er, please call:							
	Debbie S. Commander-Haden		256 _ at (710-	0833				
	Name of Contact I	Person	Area Code	Day	time Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	c ADDRESS: of Corporations ion Section uilding cutive Center Circle iee, FL 32301				
Enclose		t: 00 Filing Fee & ste of Status	☐ \$155.00 Filing Certified Copy	g Fec &	□ \$160.00 Filing Fee, Certif of Status & Certified Copy	ïcate			

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

IN COMPLIANCE WITH SECTION 805,000, FLYINGA STATUTES THE FOLLOWING ISSUEMATIVED TO RECISIER A PORTION FAMILYD HABILITY COMPANY TO THANKET BUSINESS BY THE STATUTO IS COMPANY TO THANKET BUSINESS BY THE STATUTO IS COMPANY.

	SINESS IN THE STATEOF A OT PROPERTIES, L eign United Liability Comp	LC	Liability Company,"	LLC. For TLC)		
(If name unavailable, enter a Liability Company," "L.L.C.		e purpose of transacting but	sinces in Florida. The a	itomate name mu	st include	Limire	d
Nevada	of whole foreign limited lie	5)Ry 3,	(PLi number, li	'applicable)			
4							
	(Date liest transmete (See sections 605,090	d business in Florida, it pri 4 & 605.0905, F.S. to deter	or to registration.) mine penulty linklity)				
5. 115 Wildwood T	rail Florence AL 35						
					4		
6	(Sheet Add	hesn of Principal Office)			SE CRE	17 FEB	·
<u></u>		duiling Address)			TARY ASSI	F	E WILLIAM Programmer E
7. Name and street address	g at Florida registered ag	eni; (P.O. Box <u>NOT</u> ace	eptable)		E C	圣	15242)***********************************
Name:	Business Filings Incorp	orated	•			<u>-</u> -	(serentes)
Office Address:	1200 South Pine Island				3180	23	التوسيعة
	Plantation (•	Florida 33	324	≯'`		
D 4 . 1 . 4	(City)	(2)	p code)			
Registered agent's acceptuving been named as rethin application, I hereby with the provisions of all the obligations of my posi-	gistered agent und to avo accept the appointment to dutates relative to the pre	ept service of pracess for is registered agent and a oper and complete perfo	graa to act in this earmance of my duies	padty. I furthe , and I am fum	er agree lliar with	to comp and ac	oly scept
	Manay Do	Cally High ASS	it. Sec. for	Busines	s fil	ing:	s vonteo
8. The name, title or oupa	oity and address of the pe	rson(s) who has/have au	hority to manage is/e	we;		,	
Debbie S. Comma	inder-Haden Mgr 1	5 Wildwood Trail F	lorence AL 356	30			
Keith T. Haden M	lgr 115 Wildwood Tr	ail Florence AL 356	330				
		•					
9. Attached is a certificate jurisdiction under the law of the translator must be so	of which it is organized, (ial having custo			
This document is executed submitted in a document to						tion	

Debbie S. Commander-Haden

Typed or printed name of signee

SECRETARY OF STATE



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, **MOONSHOT PROPERTIES, 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 June 17, 2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 10, 2017.

BARBARA K. CEGAVSKE Secretary of State

schara K. (egerste

Electronic Certificate
Certificate Number: C20170210-0335
You may verify this electronic certificate
online at http://www.nvsos.gov/