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(Re	questor's Name)			
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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MAY 0 , 2025 J SHIVERS

COVER LETTER

TO:

TO:	Registration Section Division of Corporations			
SUBJI	Moonshine Properties LLC			
SODJI	Name of Limited Liability Company			
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida			
Please	return all correspondence concerning this matter to the following:			
	Melanie Hopkins			
	Name of Person			
	Firm/Company			
	1333 Lake Baldwin Lane Apt 113			
Address				
	Orlando, FL 32814			
	City/State and Zip Code			
	fmh4@aol.com			
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
	Melanie Hopkins 305 773-4819 at ()			
	Name of Contact Person Area Code Daytime Telephone Number			
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclos	ed is a check for the following amount: \$\Bigsup \\$125.00 \text{ Filing Fee} \Bigsup \\$130.00 \text{ Filing Fee & Certificate of Status} \$\Bigsup \\$155.00 \text{ Filing Fee & Certified Copy} \$\Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \$\Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \$\Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \$\Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy} \$\Bigsup \\$160.00 \text{ Filing Fee, Certificate of Status} \$\Bigsup \\$160.			



April 19, 2017

MELANIE HOPKINS 1333 LAKE BALDWIN LANE APT 113 ORLANDO, FL 32814

SUBJECT: MOONSHINE PROPERTIES LLC

Ref. Number: W17000033645

We have received your document for MOONSHINE PROPERTIES LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00007610

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:

Moonshine Properties I	LC		
(Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.,	" or "LLC.")
Moonshine Properties Ind	•		
iability Company," "L.L.C,	ternate name adopted for the purpose of transa "or "LLC.")	acting business in Florida. The alternate	name must include "Limited
Indiana	1	2-1149058	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable		ible)	
4. April 1, 2017			
	(Date first transacted business in Flor (See sections 605.0904 & 605.0905, F.S	ida, if prior to registration.) S. to determine penalty liability)	
1333 Lake Baldwin La	ne Apt 113		
Orlando, FL 32814			
	(Street Address of Principal C	Office)	
5. 1333 Lake Baldwin Lar	ne Apt 113		
Orlando, FL 32814			
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	SA
	Eric Hopkins		
Name:	· · · · · · · · · · · · · · · · · · ·		7: 52
Office Address:	515 Altaloma Ave		意義 2
	Orlando	, Florida <u>32803</u>	
Registered agent's accep	(City)	(Zip code))
lesignated in this applicate of complywith the provision in the complywith the provision in the complywith the provision in the complex control in the complex control in the complex control in the cont	gistered agent and to accept service of po tion, 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 it nd complete performance of my du	n this capacity. I further agre
o m			
	acity and address of the person(s) who has ident/Manager, 1333 Lake Baldwin Lane		
Melanie Hopkins, Vice Pr	esident/Manager 1333 Lake Baldwin Lan	e Apt 113 Orlando, FL 32814	
	of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) Signature of an auti	is in a foreign language, a translation	
	Signature of an aut	horized person	
FL:. J :	in accordance with section 605.0203 (1)	(h) Florida Statutes I am aumes that	t any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Melanie C Hopkins

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MOONSHINE PROPERTIES LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 18, 2017, and was in existence or authorized to transact business in the State of Indiana on April 25, 2017.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 25, 2017

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201701181176336 / 2017288167

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate