## 1417-00004889

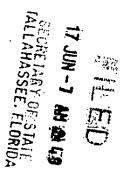
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JUN 0 8 2017 Y SULKER



May 8, 2017

JENNIFER BARSTOW PO BOX 51 STREET, MD 21154

SUBJECT: HARVEST MOON GROUP, LLC

Ref. Number: W17000032581

We have received your document for HARVEST MOON GROUP, LLC and your check(s) totaling \$763.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 717A00007337

## COVER LETTER

TO:	Registration Section Division of Corporation	· ·				
SURIE	Harvest Moon Grou					
			Limited Liability (	Company		
		eign Limited Liability Comp d to register the above refere				
Please	return all correspondence c	oncerning this matter to the f	following:			
	Jennifer Barsto	V				
		Na	me of Person			
HARVEST MOON GROUP, LLC						
		Fir	rm/Company			
P.O. Box 51						
Address						
Street, MD 21154						
		City/St	ate and Zip Code			
	jennifer.harvestm	oon@gmail.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For fun	ther information concerning	g this matter, please call:				
	Jennifer Barstow		443 at (	528-747	70	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclose	ed is a check for the follows  If \$125.00 Filing Fee	ing amount:  \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

## IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF STORIDA.

COMPANY TO TRANSACT BU Harvest Moon Group, 1	ISINESS IN THE STATE OF FLORIDA: LLC				
(Name of Fore	ign Limited Liability Company; must	include "Limited Lial	bility Company," "L.L.C.," or	"LLC.")	
(If name unavailable, enter all Liability Company," "L.L.C.," State of Nevada	ternate name adopted for the purpose 'or "LLC.")	of transacting busines	s in Florida. The alternate nan	ne must include	"Limited
<i>う</i>	of which foreign limited liability	3.	(FEI number, if applicable)		
company is organized) April 2016	of which foleigh limited hability		(FE) number, ii applicable,	)	
4.	(Date first transacted business	s in Florida, if prior to	registration.)	<del>-</del>	
5361 Rocks Road, Pyle	(See sections oup.uyu4 & 605.u	1905, F.S. to determine	penalty liability)	_	
	(Street Address of Pr	ringinal Office)		_	
6. P.O. Box 51, Street, MI		Incipal Office)		_	
	(Mailing A	.ddress)	·	-	
7. Name and street addres	s of Florida registered agent: (P.C	D. Box <u>NOT</u> accept	able)		,
Name:	National Real Estate		<b>-</b>		
Office Address:	210 N Bumby Ave.		-	$m{p}_{\infty}$	
	Orlando		, Florida	_ E8 ?	<b>\$</b>
Registered agent's accept	(City)		(Zip code)	AHAS	明治
Having been named as req designated in this applica	gistered agent and to accept servition, I hereby accept the appointn	ice of process for the ment as revistered a	e above stated limited liabi gent and agree to act in th	ility@ontpany j is capacity. T	it the place further agree
to complywith the provision	ons of all statutes relative to the p	roper and complete	performance of my duties	, and Familian	nillan with and
accept the obligations of r	ny position as registered agent.	2		16. 12. 12. 13.	Ö
	(Register	red agent's signature)		٠٠٠ حر ٠٠٠	
•	icity and address of the person(s) v Manager, 210 N Bumby Ave., Orla		ity to manage is/are:		
					····
	of existence, no more than 90 day				
jurisdiction under the law of the translator must be su	of which it is organized. (If the cer	rtificate is in a foreig	in language, a translation of	the certificate	under oath
of the datisfator must be st		16			
	Signature of	of an authorized person	1	-	
This document is executed submitted in a document to	in accordance with section 605.02 the Department of State constitute	es a third degree felo	Statutes. I am aware that any ony as provided for in s.817	y false informa ,155, F.S.	tion
	JENNIFER BAR	STOW			

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, **HARVEST MOON GROUP**, **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 February 10, 2015, 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 March 2, 2017.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20170302-1359
You may verify this electronic certificate
online at http://www.nvsos.gov/