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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	-	
		
Special Instructions to	Filing Officer:	
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Office Use Only



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**125.00

NOV 2 9 2017 Y. SULKER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOORE PROPERTIES LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, 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:	
Robert P maone	
Name of Person	
MCORE PROPERTIES LIC	
22-967 KANEDOA LOOD	
Address	
KAPole i HI 96707 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert P Moore a 808, 223 9991 (Behind you in	JU)
Name of Contact Person Area Code Daytime Telephone Number Tiril Coul	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301	
Enclosed is a check for the following amount: \$125.00 Filing Fee	

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

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nume unavailable, enter alternate name ad-	TROOPTIES U	F HOUAIL	ate name must include	Limsted Liability Co	emperay," "L L.C." or "LLC.
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	(Date first transacted business in Florida, i (See sections 605,0904 & 605,0905, F.S.)	if prior to registration.)			-
00 00- 1/2"	See sections 605,0904 & 605,0905, F.S.:	to determine penany nev			
7d-76 KAA (Street Address of Princip	16 your romb	6		(Mailing Address)	
KAPOler, H	196707	_			
Name and street address of	Florida registered agent: (P.	.O. Box <u>NOT</u> acc	æptable)		
Name:	Christophie	\sim)@ <u></u>		•
Nume.					,
	1 7 7 7 7 7 7 7 7 7 7 10		D. AGO		
Office Address:	13163 7240	TERRACE		~ ~ ~ 7,	. •
Office Address:	13163 7240 Senivole		PLACE Florida_	3377	<u>0</u> -
	Senivole			3377((Zip code)	رَمْ
tegistered agent's acceptant	Seminole (City) ce: ered agent and to accept ser	vice of process fo	Florida_	(Zip code) red limited liab	ility company at th
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10. This document is executed in accordance with section 605.0203 (1) (h), Florida Statutes, I am aware that any false information a document to the Department of State conditutes a third degree felony as provided for in s.817.155, P.S.

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

IN COMPLIANCE WITH SECTION 602 COMPANY TO TRANSACT BUSINESS .	5.0902, FLORIDA STATUTES, THE FOLLO INTHE STATE OF FLORIDA:	WING IS SUBMITTED TO	O REGISTER A FOREIGN 1.	IMITED HABILITY
1. Moore	Properties LLC			
•	Dability Company; must include "Limited Liah		or "LLC,")	
(If name unavailable, enter alternate name adopte	PRICERTIES OF HAVE d for the purpose of transacting business in Flonda, 11		Limited Liability Company " "L.L.C	```or"LLC.")
2 Hansaii		_{3.} 47-39		, ,
(Jurisdiction under the law of which foreign	limited liability company is organized)	3 . 7 0 .	(FEI number, if applicable)	
4.				
(Date (See	e first transacted business in Florida, if prior to registra sections 605.0904 & 605.0905, F.S. to determine pen	ation.) alty liability)	1	
5. 42-467 KANE	those Loop	6. 92-967	K	
(Street Address of Principal Of	fice)		Mailing Address)	
MAPOTES, HI	76101			
			-	
7. Name and street address of Flo	rida registered agent: (P.O. Box NO	T accentable)		
	Christophy P N	1cv10c		
Name:	CHOSOPINE TITY	Wike		
Office Address: 1	3163 72 TERR			
•	Senivole	Florida	33776 (Zin code)	•
Registered agent's acceptance:	(City)		(Zip code)	•
designated in this application, I h to comply with the provisions of a and accept the obligations of my	· · · · · · · · · · · · · · · · · · ·	complete performanc	ee to act in this capacity. e of my duties, and I am	I further agree familiar with
	(Registered agent's signatu			
8. The name, title or capacity and <u>Title or Capacity</u> :	i address of the person(s) who has/hav Name and Address:	ve authority to manage Title or Capacity:	ie/are; <u>Name and A</u>	<u>idress:</u>
Member Maurier	RUBERT P MODER	Meuser	1-deather	Medina
· · · · · · · · · · · · · · · · · · ·	92-961 KANENDA 40		10302 Ch	ICLESTON CORNER DA
			-rampr	<u> </u>
Member	Christophie P. Nonce			
	13163 72 48 TECCARE PL			
(Use attachments if necessary)	<u> </u>			
•				
 Attached is a certificate of exist jurisdiction under the law of which of the translator must be submitted 	ence, no more than 90 days old, duly n it is organized. (If the certificate is in l)	authenticated by the or n a foreign language, a	flicial having custody of translation of the certific	records in the eate under oath
10. This document is executed in a submitted in a document to the De	partment of State constitutes a third de	(b), Florida Statutes, I egree felony as provide	am aware that any false ited for in s.817.155, F.S.	nformation
	Signature of an a	athorized person		
	ROBERT P 1	MUCIDO		
	Typed or printed	d name of signee		



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

MOORE PROPERTIES LLC

was organized under the laws of the State of Hawaii on 05/03/2015; that it is an existing limited liability company in good standing and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: November 20, 2017

Catanit. Owal: Colon

Director of Commerce and Consumer Affairs