

W19000001041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

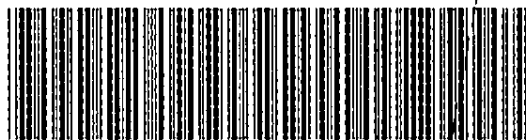
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19 JAN -9 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
JAN 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2019

CHERYL L. CROMER
2358 SUN VALLEY CIRCLE
WINTER PARK, FL 32792 US

SUBJECT: SQUARE MOON PUBLISHING SOLUTIONS LLC
Ref. Number: W19000005067

We have received your document for SQUARE MOON PUBLISHING SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Cathy Cave

Letter Number: 819A00001093

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Square Moon Publishing Solutions 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:

Cheryl L. Cromer
Name of Person

Square Moon Publishing Solutions LLC
Firm/Company

2358 Sun Valley Circle
Address

Winter Park, FL 32792
City/State and Zip Code

Square.moon@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Cromer at 678 , 602-8680
Name of Contact Person Area Code Daytime Telephone Number

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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Square Moon Publishing Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. U.S. / State of GA 3. 81-2751073
(Jurisdiction under the law of which foreign limited liability company is organized) (LLC number, if applicable)

4. 1/2/2019
(Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 2358 Sun Valley Circle 6. 2358 Sun Valley Circle
(Street Address of Principal Office) (Mailing Address)
Winter Park, FL Winter Park, FL
32792 32792

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Cheryl L. Cromer
Office Address: 2358 Sun Valley Circle
Winter Park, Florida FL 32792
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Cheryl L. Cromer
(Registered agent's signature)

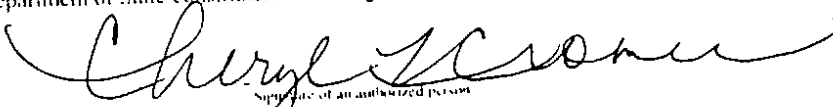
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>		<u>Name and Address:</u>	<u>Title or Capacity:</u>		<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name:	Cheryl L. Cromer	<input type="checkbox"/> Manager	Name:	Cheryl L. Cromer
<input type="checkbox"/> Member	Address:	2358 Sun Valley Cir	<input checked="" type="checkbox"/> Member	Address:	2358 Sun Valley Cir
<input type="checkbox"/> Authorized Person		Winter Park, FL 32792	<input type="checkbox"/> Authorized Person		Winter Park, FL 32792
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	Name:	
<input type="checkbox"/> Member	Address:		<input type="checkbox"/> Member	Address:	
<input type="checkbox"/> Authorized Person			<input type="checkbox"/> Authorized Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person
Cheryl L. Cromer

Typed or printed name of signer

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Square Moon Publishing Solutions LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on 05/18/2016 by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 05/24/2016



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed

Secretary of State

Filing Date: 5/18/2016 11:39:40 AM

BUSINESS INFORMATION

CONTROL NUMBER	16050265
BUSINESS NAME	Square Moon Publishing Solutions LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	05/18/2016

PRINCIPAL OFFICE ADDRESS

ADDRESS	612 Windcroft Circle, Acworth, GA, 30101, USA
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REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
Cheryl Cromer, Louise	612 Windcroft Circle, Cobb, Acworth, GA, 30101, USA

ORGANIZER(S)

NAME	TITLE	ADDRESS
Cheryl Louise Cromer	ORGANIZER	612 Windcroft Circle, Acworth, GA, 30101, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Cheryl Louise Cromer
AUTHORIZER TITLE	Organizer