

M21000015000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

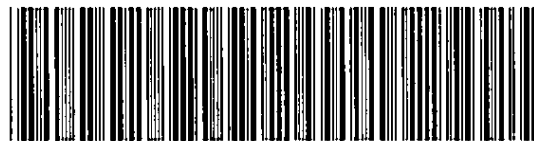
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 10 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOON ON THE SKY 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:

JAIME PARLADE

Name of Person

PARLADE, SCHAEFER, & SCHORTZ

Firm/Company

5975 SUNSET DR, SUITE 802

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

ACCOUNTING@PSSCPAS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME PARLADE

Name of Contact Person

at (305)

Area Code

670 - 0400

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. MOON ON THE SKY LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. DELAWARE 3. 87-3124639
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/18/21
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5975 SUNSET DRIVE 6. 5975 SUNSET DRIVE
(Street Address of Principal Office) (Mailing Address)

SUITE 802

SUITE 802

SOUTH MIAMI, FL 33143

SOUTH MIAMI, FL 33143

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

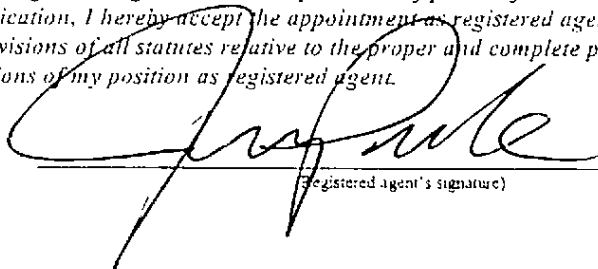
Name: JAIME PARLADE

Office Address: 5975 SUNSET DR., SUITE 802

SOUTH MIAMI, Florida 33143
(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.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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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]:

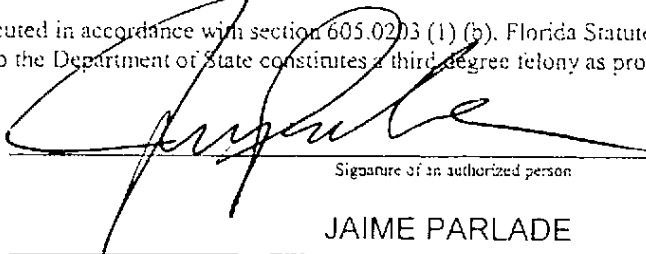
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>BIG BLUE SKY CORP</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5975 SUNSET DR, STE 802</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>SOUTH MIAMI, FL 33143</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JAIME PARLADE

Typed or printed name of signer

Delaware

The First State

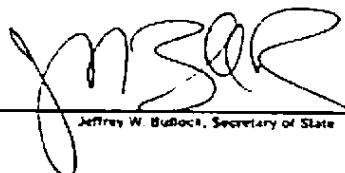
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOON ON THE SKY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOON ON THE SKY LLC" WAS FORMED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

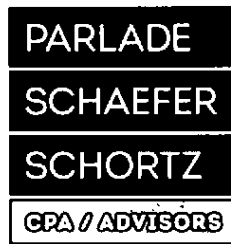
6314062 8300

SR# 20213643655

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204539309

Date: 10-28-21



November 09, 2021

State of Florida
Foreign Qualification Department
Attn: Melanie Solomon
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Subject: Moon on the Sky LLC (Document #: W21000144623)

Dear Mrs. Solomon,

Please note that we recently applied for registration of the above referenced foreign LLC in Florida. We were informed that the reason for the rejection was due to one with the same name being formed as a Florida LLC on 10/21/21. Please note that the filing of the Florida LLC was done in error and was not intended to have been formed. Our intent was to register the Foreign LLC in Florida. Upon realizing this error, we voluntarily dissolved the Florida LLC on 10/27/21. We are informing you that this was not or is there any intent of utilizing the Florida LLC. Our intent is to utilize the Foreign LLC in Florida.

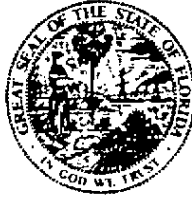
We respectfully request the approval of the Foreign LLC to do business in Florida, at your earliest convenience. Bank account opening is contingent on this approval.

We thank you for your time. Please let us know if this satisfies your needs and/or if you require anything additional.

Best Regards,

Jaime Parlade

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NOV 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2021

JAIME PARLADE
PARLADE, SCHAEFER & SCHORTZ
5975 SUNSET DR, SUITE 802
SOUTH MIAMI, FL 33143

SUBJECT: MOON ON THE SKY LLC
Ref. Number: W21000144623

We have received your document for MOON ON THE SKY LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 521A00027048

Recd
11-10-21