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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
MOONSHOT SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 MAY 10 AM 10:22

2022 MAY 10 PM 1:21
SECTION OF STATE
TALLAHASSEE, FLORIDA

FILED

H22000166887 3

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. Moonshot Solutions, LLC

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

(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 "L.L.C.")

2. Kansas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. _____

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

5. 7240 W 98th Terrace

(Street Address of Principal Office)

Overland Park, KS 66212

6. 7240 W 98th Terrace

(Mailing Address)

Overland Park, KS 66212

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(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.

Taylor Seay

Taylor Seay, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

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TALLAHASSEE FLORIDA

H22000166887 3


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>Kompas Kapital Technologies, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Clubhouse Capital, LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>	<input checked="" type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Russ Koziol</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Russ Koziol</u>
<input checked="" type="checkbox"/> Member	Address: <u>7240 W 98th Terrace</u>	<input type="checkbox"/> Member	Address: <u>7240 W 98th Terrace</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	Name: <u>Jayson Kuti</u>	 <input checked="" type="checkbox"/> Manager	Name: <u>Bradley Berger</u>
<input type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>	<input type="checkbox"/> Member	Address: <u>9800 Metcalf Ave, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>	<input type="checkbox"/> Authorized	<u>Overland Park, KS 66212</u>
Person	_____	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

Bradley Berger

Typed or printed name of signer

H22000166887 3

5/9/22, 11:00 AM

<https://www.kansas.gov/bess/flow/main?execution=e2s1>

H22000166887 3

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6895494

Entity Name: MOONSHOT SOLUTIONS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

was filed in this office on February 14, 2022, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 09, 2022

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1220436 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/main?execution=e2s1> and enter the certificate ID number.