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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	MOON FOUR LLC						
Name of Limited Liability Company							
The en Exister	nclosed "Application by Foreign Limince, and check are submitted to regist	ited Liability Company for Authorization to Transact Business in Florida,* Certificate of ter the above referenced foreign limited liability company to transact business in Florida					
Please	return all correspondence concerning	this matter to the following:					
	ALEJANDRO SANTI						
		Name of Person					
	MOON FOUR LLC						
	<del></del> -	Firm/Company					
	2020 NE 163RD STREE	T #300LL					
Address							
	NORTH MIAMI BEACH	1 FL33162					
	100 T d 100 T D	City/State and Zip Code					
	GZAPICO@LIVE.COM						
	E-mail a	address: (to be used for future annual report notification)					
For fur	ther information concerning this mat	ter, please call:					
	ALEJANDRO SANTI	954 993-6412 at ( )					
	Name of Contact	Person Area Code Daytime Telephone Number					
	Mailing Address: Registration Section	Street Address: Registration Section					
Division of Corporations		Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
		ng amount:  ORIDA DEPARTMENT OF STATE  0.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy of Status & Certified Copy					

NONTH MINI 5/31/23

Plense Process THE REGISTMENDS FOR MOON FOUR UC TO OPEONTE IN FRANCE

THANKS

ALGAMARO SASTI

## 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:

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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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: MARIA CHAULET ALEJANDRO SANTI **■**Manager **■**Manager 2020 Ne 163rd street 2020 Ne 163rd Street Address: □Member □Member Address: #300 LL #3001.L □ Authorized □ Authorized N Miami Beach fl 33162 N Miami Beach FL 33162 Person Person Other\_\_\_\_\_ Other\_\_\_\_ □Other Other\_\_ Name: N/A Name: ☐ Manager □Manager □Member Address: □ Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_ ☐Other\_\_ □Other\_\_ Other\_\_\_ Name: □ Manager Manager □ Member Address: □Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized

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.

□Other\_\_\_\_\_

Person

□Other\_\_\_\_\_

Other\_\_\_

Person

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.

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		Si	mature of an authorized person	
×	SANTi	Luis	ALEJAN ONO	
~~		т	vied or printed name of signed	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOON FOUR 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-NINTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOON FOUR LLC"

WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2021.

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

Authentication: 203437055

Date: 05-29-23