

m23000271027

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H23000271522 3))



H230002715223ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

RECEIVED  
2023 AUG -7 AM 10:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
WEST MOON INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

2023 AUG -7 PM 9:49  
CORPORATION SERVICE CENTER  
TALLAHASSEE, FLORIDA

COVER LETTER

(((H23000271522 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: WEST MOON INVESTMENT 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:

LOVETTE DOBSON  
Name of Person

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 STE 220  
Address

HOUSTON, TX 77064  
City/State and Zip Code

EFILE1234@INCFILE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( 1 ) 888-462-3453  
Name of Contact Person Area Code 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

(((H23000271522 3)))

(((H23000271522 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. WEST MOON INVESTMENT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

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

3. 93-2468687 (FEI 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. 1150 Nw 72nd Ave Tower 1 (Street Address of Principal Office)

6. 1150 Nw 72nd Ave Tower 1 (Mailing Address)

Ste 455 #12263

Ste 455 #12263

Miami, FL 33126

Miami, FL 33126

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

Name: REPUBLIC REGISTERED AGENT LLC

Office Address: 1150 Nw 72nd Ave Tower I Ste 455

Miami, Florida 33126 (City) (Zip code)

2023 AUG 17 AM 9:49 REGISTERED AGENT

FILED

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.

Wesley Dolan (Registered agent's signature)

(((H23000271522 3)))

((H23000271522 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>
Manager	Name <u>Jeakwan Suh</u>	Manager	Name <u>Clara Moon</u>
<input checked="" type="checkbox"/> Member	Address <u>1150 Nw 72nd Ave</u>	<input checked="" type="checkbox"/> Member	Address <u>1150 Nw 72nd Ave</u>
Authorized	<u>Tower 1 Ste 455 #12263</u>	Authorized	<u>Tower 1 Ste 455 #12263</u>
Person	<u>Miami, FL 33126</u>	Person	<u>Miami, FL 33126</u>
Other _____	Other _____	Other _____	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name _____	Manager	Name _____
Member	Address _____	Member	Address _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	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.

Jeakwan Suh  
Signature of authorized person

Jeakwan Suh  
Typed or printed name of signer

((H23000271522 3))

(((H23000271522 3)))

Control Number : 23154830

**STATE OF GEORGIA****Secretary of State****Corporations Division****313 West Tower****2 Martin Luther King, Jr. Dr.****Atlanta, Georgia 30334-1530****CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**WEST MOON INVESTMENT LLC****a Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25687269  
Date Inc/Auth/Filed: 07/18/2023  
Jurisdiction : Georgia  
Print Date : 08/04/2023  
Form Number : 211

*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

(((H23000271522 3)))