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COVER LETTER

Moonshine Landing at Crescent Lake, I	LLC
SUBJECT: Nam	ne of Limited Liability Company
	Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter t	to the following:
J. Riley Williams, PLC	
	Name of Person
Moonshine Landing at C	Crescent Lake, LLC
	Firm/Company
2141 Park Street	
	Address
Jacksonville, FL 32004	
	City/State and Zip Code
INFO@JRILEY-LAW.COM	8
E-mail address: (to be	e used for future annual report notification)
for further information concerning this matter, please ca	itt:
J. Riley Williams	904 425-0040 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF \$\Boxed{\subseteq} \$125.00 \text{ Filing Fee} \Boxed{\subseteq} \$130.00 \text{ Filing Fee} Certificate of	ee & 🔲 \$155.00 Filing Fee & 🔳 \$160.00 Filing Fee. Certificate

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: Moonshine Landing at Crescent Lake, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.I. C." or "LI C.") 87-2094512 Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized). (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability) 6. (Mailing Address) P. O. Box 891 2570 S. Highway 17 (Street Address of Principal Office) Branford, FL 32008 Crescent City, FL 32112 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) J. Riley Williams, PLC Name: 2141 Park Street Office Address: Jacksonville כח 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. (Reguyered 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: RJ Industries, LLC Team Z at Moonshine, LLC Manager Manager 3616 N. Middle Fork Rd 14991 NE Jacksonville Rd □Member Address: □Member Address: Eden, UT 84310 Citra, FL 32113 ☐ Authorized □ Authorized Person Person □ Other_ Other___ □Other □ Other 0805 Holdings, LLC Manager □Manager Name: _____ Attn: Jenny Lloyd □Member Address: □Member Address: P. O. Box 891 ☐ Authorized ☐ Authorized Branford, FL 32008 Person Person □ Other Other____ Other____ Other__ □ Manager □Manager Name: □Member Address: ____ □Member Address: ____ □ Authorized ☐ Authorized Person Person □Other_____ □Other_____ Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Jenny Lloyd

Typed or printed name of signee

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MOONSHINE LANDING AT CRESCENT LAKE,

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 FIFTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOONSHINE LANDING AT CRESCENT LAKE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JUNE, A.D. 2021.

Authentication: 203449924

Date: 06-15-21