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INC.

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1.	MOONBOX CONSULTIN		
2.	(CORPORATE NAME AND DOCUM	ΕΝΤ #)	
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5.	(CORPORATE NAME AND DOCUM	TAMP HA	
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	(CORPORATE NAME AND DOCUM	ENT#)	
SPECIA	AL INSTRUCTIONS:		

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	MOONBOX CONSULTING LLC			
L'O'DO'L		Name of Limited Liability Company		
The en Exister	closed "Application by Foreign Limited Lince, and check are submitted to register the	iability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida,		
Please	return all correspondence concerning this	matter to the following:		
	Lisa Zarro			
		Name of Person		
	c/o Registered Agent Solutions	s, Inc.		
		Firm/Company		
	5301 Southwest Pkwy., Suite 4	100		
		Address		
Austin, TX 78735				
		City/State and Zip Code		
	Izarro@rasi.com			
	E-mail addres	ss: (to be used for future annual report notification)		
For fur	ther information concerning this matter, p	lease call:		
	Lisa Zarro	888 705-7274		
	Name of Contact Perso			
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		Division of Corporations		
		The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following at Please make check payable to: FLOR11 S125.00 Filing Fee S130.00 F	DA DEPARTMENT OF STATE		

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:

MOONBOX CONSULT	imited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")		_
If name unavaitable, enter alternate m	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabi	lity Company," "L.L.C," or	"LLC.")
Texas				
	nich foreign limited liability company is organized)	3(FEI number,	if applicable)	_
(MESSIGNOR DESCRIPTION OF WIL	and the spiriture and my company to a general			
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determin	egistration.)	- <u></u>	
	(See sections our union at our union, r.s. to determine	e personny		
5	<u> </u>	6. (Mailing Address)		_
Street Address of Principal Office)		(Mailing Address)		
4583 CRESTPOINT W	У у	4583 CRESTPOINT Wy		
Palmetto, FL 34221		Palmetto, FL 34221		
			2024 555 5AL	_
	(B.O. D.)	NOT agreemble)	TANK!	T
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptancy	要の	
			Sym W	FILE
Name:	Registered Agent Solutions, Inc.		PH II III	- 1 · 1
Tame.			[6] F	1
Office Address:	2894 Remington Green Ln., Ste. A		10 E	
0,		32308	٠.	
	Tallahassee	Florida		
	(Cny)	(Zip code)		
Registered agent's accep	otance:			
II kaan namad ac se	colorand again and to accept service of t	process for the above stated limited li	iability company at • this canacity. I fu	the place orther ag
designated in this applicate comply with the provis	tion. I hereby accept the appointment a ions of all statutes relative to the proper	s regissered agent and agree to act in and complete performance of my di	ities, and I am fam.	iliar with
and accept the obligation	s of my position as registered agent.	•		
	1. Ato get valed	C 41. Nitala Assiss C		
	·	Samantha Niels, Assistant Sec	retary	

(Registered 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	<u>:</u>	Name and Address:
□Manager	Name: Hailey L. Thomas	□Manager	Name:	
≣ Member	Address: 4583 CRESTPOINT Wy	□Member	Address:	
□Authorized	Palmetto, FL 34221	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	THE TOTAL PROPERTY OF THE PARTY
□Member	Address:	□Member	Address:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
□Authorized		□Authorized		
Person		Person		1000
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 Fiorida 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.

Hailey L. Thorway

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

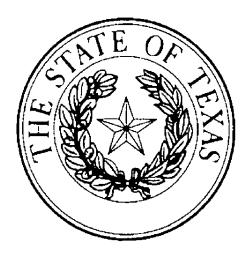
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Moonbox Consulting LLC (file number 805407138), a Domestic Limited Liability Company (LLC), was filed in this office on February 05, 2024.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 12, 2024.



Jane Nelson Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services