

P/3000055533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

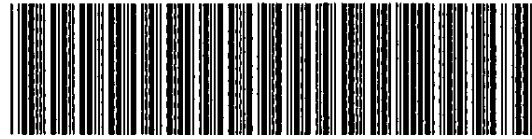
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 06/28/13

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **MOONLIGHT RECRUITING, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **RYAN MEADOR**

Name (Printed or typed)

7340 131ST. ST.

Address

SEMINOLE, FL 33776

City, State & Zip

727-421-4700

Daytime Telephone number

CAPTAINRYE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: MOONLIGHT RECRUITING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7340 131ST. ST.

SEMINOLE, FL

33776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is:

1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RYAN MEADOR / PRESIDENT

Name and Title: _____

Address

7130 131ST. ST.

Address: _____

SEMINOLE, FL 33776

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

13 JUN 25 AM 9:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DIANNA ASHTON
Address: 430 STATE ROAD 436, STE 236
CASSELBERRY, FL 32707

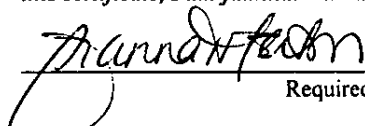
13 JUN 26 AM 9:49
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RYAN MEADOR
Address: 7340 131ST. ST.
SEMINOLE, FL 33776

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

6/20/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

6/20/2013

Date