

PIS000028815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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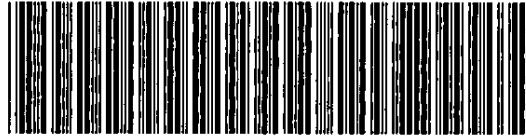
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 26 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Moonlighting Sessions, 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: Lillian Elena Moya

Name (Printed or typed)

8135 NW 164 Terrace

Address

Miami Lakes, Florida 33016

City, State & Zip

786-587-2967

Daytime Telephone number

lillian.moya@ymail.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: Moonlighting Sessions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8135 NW 164 Terrace

Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is oprganized as a means to gather
new ideas individuals may have and bring them together with mentors and
capital for funding and go-to-market strategies that will help feed economic
growth amongst niche market segments suchg as technology, consumer product
innovations, and services.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillian Elena Moya / Founder Name and Title: _____

Address 8135 NW 164 Terrace Address: _____

Miami Lakes, FL 33016 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Lillian Elena Moya
Address: 8135 NW 164 Terrace
Miami Lakes, FL 33016

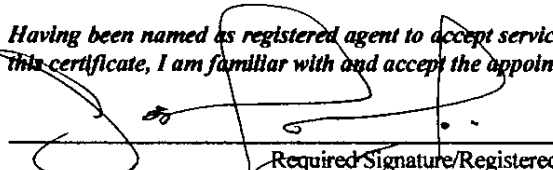
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lillian Elena Moya
Address: 8135 NW 164 Terrace
Miami Lakes, FL 33016

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TALLAHASSEE, FLORIDA

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

3/21/2015

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

3/21/2015

Date