

11/22/21, 11:50 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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Email Address: dbkleinman@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Full Moon Light Corp

T. SCOTT
NOV 23 2021

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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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: Full Moon Light Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4335 Pear Tree Cir, Apt A

Boynton Beach, FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yair Kleinman, President

Name and Title:

Address

4335 Pear Tree Cir, Apt A

Address:

Boynton Beach, FL 33436

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Yair Kleinman

Address: 4335 Pear Tree Cir, Apt A

Boynton Beach, FL 33436

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Yair Kleinman

Address: 4335 Pear Tree Cir, Apt A

Boynton Beach, FL 33436

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*/s/ Yair Kleinman

Required Signature/Registered Agent

11/22/2021

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./s/ Yair Kleinman

Required Signature/Incorporator

11/22/2021

Date

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