

L03000037676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

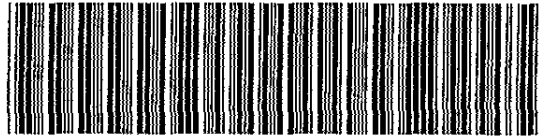
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN OCT - 6 2003

# DANA J. WATTS

BOARD CERTIFIED CIVIL TRIAL LAWYER  
CERTIFIED CIRCUIT COURT MEDIATOR

1620 MAIN ST.  
SUITE 1  
SARASOTA, FLORIDA 34236-5811

TELEPHONE  
(941) 955-5791  
TELEFAX  
(941) 951-2076



September 24, 2003

Registration Division  
Division of Corporations  
Secretary of State  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32314

Re: A New Horizon, LLC

To whom it may concern:

Enclosed are Articles of Organization for the above referenced limited liability company as well as a check in the amount of \$155.00 for the filing of same. Please file same in accordance with your regular procedure. If you should have any questions, please do not hesitate to contact this office.

Thank you in advance for your assistance in this matter.

Sincerely,

Cathy Mayer  
Assistant to Dana J. Watts, Esquire

CM  
Enclosures

cc: Client

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A New Horizon, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

5219 Cape Leyte

Sarasota, FL 34242

**Mailing Address:**

5219 Cape Leyte

Sarasota, FL 34242

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Dana J. Watts, Esquire

Name

1620 Main Street, Suite One

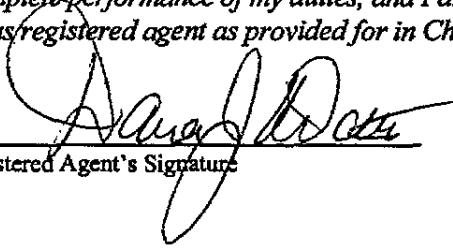
Florida street address (P.O. Box **NOT** acceptable)

Sarasota, FL 34236

City, State, and Zip

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CORPORATIONS

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

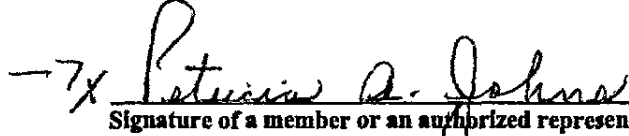
<u>Title:</u>	<u>Name and Address:</u>
MGR	Patricia Johns 5219 Cape Leyte Sarasota, FL 34242

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PATRICIA A. JOHNS  
Typed or printed name of signee

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)