

L04000051086

2004 JUL -2 P 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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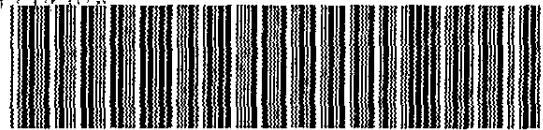
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: New Horizons Investments Unlimited, LLC
(Name of Limited Liability Company) ^{2004 JUL -2 4:06 PM}
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Vance

(Name of Person)

(Firm/Company)

411 55th Ave

(Address)

St Pete Bch, FL 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Vance

(Name of Person)

at 727 367-1222

(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2004 JUL -2 P 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

New Horizons Investments Unlimited, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

210 W. Platt St
Tampa FL 33606

same

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

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

Darell Williams

Name

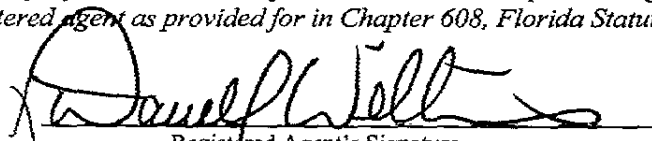
210 W. Platt St

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

Tampa FLORIDA 33606

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 JUL -2 P 4: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Darrell Williams

210 W. Platt Street

Tampa FL 33606

MGRM

5W Allen

210 W Platt Street

Tampa FL 33606

(Use attachment if necessary)

Article IV - Effective Date: June 24, 2004

REQUIRED SIGNATURE:

X Darrell Williams

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.)

Darrell Williams

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)