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EXPR	Jeanne Hessen 12040 NW 10th 1 Coral Springs FIS 3:	ř
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 8, 2005

JEANNE HESSEN 12040 NW 10TH ST CORAL SPRINGS, FL 33071

SUBJECT: NEW HORIZONS, LLC Ref. Number: W05000012025



We have received your document for NEW HORIZONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 005A00016024

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name:

The name of the Limited Liability Company is:

NEW HORIZONS, LLC

Article II - Address:

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

12040 NW 10TH STREET, CORAL SPRINGS, FL 33071

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

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

JEANNE HESSEN

Name

12040 NW 10TH STREET, CORAL SPRINGS, FL 33071

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

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

Page 1 of 2

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

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

The name and about the control of th
Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member
MGRM Equity Trust Co. custopian FBO Jenne Hecen toth.
HGRM Equity Trust Co. Custopian FBO Fred Hossen Roth IRA 12040 NW 10th Street
HORM Equity Trust Co custoping FBO Giovani Andijar Both
Corpl Springs, FI 32071
Mirett Equity Trust as australian FBO Paquel Andy DR Roth. 12040 NW 10th Street 1 Come springs F1 33071
(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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