

L0500003 9596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

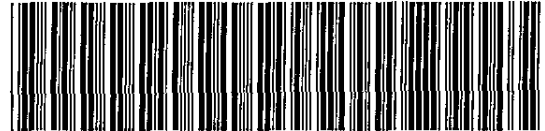
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 22 PM 12:24

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04/22/05 11:56  
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**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP**

4/22 *(Signature)*

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1.) Harkins Horizons, L.L.C.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

ARTICLE I - NAME

The name of this Limited Liability Company shall be "HARKINS HORIZONS, L.L.C."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 2548 Stoneview Road, Orlando, Florida 32806.

ARTICLE III - MANAGEMENT

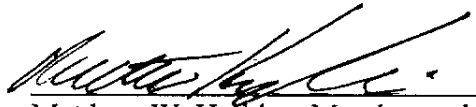
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing members are Matthew W. Harkins and Mark W. Harkins.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE

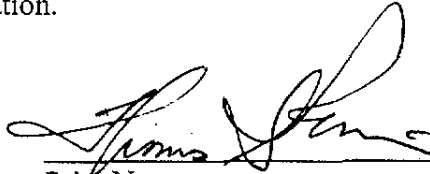
The name and Florida street address of the registered agent is Matthew W. Harkins, 2548 Stoneview Road, Orlando, Florida 32806. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby accept 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.

Dated this 20<sup>th</sup> day of April, 2005.

  
Matthew W. Harkins, Member and  
Registered Agent

STATE OF FLORIDA  
COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this 21<sup>st</sup> day of April, 2005, by MATTHEW W. HARKINS. Said person did not take an oath and (check one) ☒ is personally known to me, or ☐ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.



Print Name:

Notary Public, State of

My Commission Expires:

Commission Number:

