## 4050000/2305

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| (F                     | Requestors Name)                                       |
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| Special Instructions t | to Filing Officer:                                     |
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## TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations                          | FILED                                                                                                                                                      |  |  |  |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: New Hovi                                                          | ed Liability Company) SECREVARY OF STATE ATTACK TALLAHASSEE, FLORIDA                                                                                       |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |                                                                                                                                                            |  |  |  |
| Please return all correspondence concerning this matter to the following:  |                                                                                                                                                            |  |  |  |
| Donald R.                                                                  | Wightman<br>(Named Person)                                                                                                                                 |  |  |  |
| New How                                                                    | rizon Real Properties, LLC                                                                                                                                 |  |  |  |
| 24221                                                                      | SE Hwy 450<br>(Address)                                                                                                                                    |  |  |  |
| Uma tilla<br>(di                                                           | FLA 32784<br>y/State and Zip Code)                                                                                                                         |  |  |  |
| For further information concerning this matter, please call:               |                                                                                                                                                            |  |  |  |
| Donald R. Wightman (Name of Person)                                        | at (352) 669-5612<br>(Area Code & Daytime Telephone Number)                                                                                                |  |  |  |
| Enclosed is a check for the following amount:                              |                                                                                                                                                            |  |  |  |
| \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}    | Certified Copy (additional copy is enclosed)  \$\square \text{S}\$155.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} |  |  |  |
| STREET ADDRESS:                                                            | MAILING ADDRESS:                                                                                                                                           |  |  |  |

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## FILED ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                                                                                                                                                                                   | 2005 JUL 18 P 12: 39                                                                                                                                                                                                                                                  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| The name of the Limited Liability Company is:                                                                                                                                                       | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                                                                                                                                                                                                            |  |  |
| New Horizon                                                                                                                                                                                         | Real Properties, LLC                                                                                                                                                                                                                                                  |  |  |
| ARTICLE II - Address: The mailing address and street address of the pri                                                                                                                             | incipal office of the Limited Liability Company is:                                                                                                                                                                                                                   |  |  |
| Principal Office Address:                                                                                                                                                                           | Mailing Address:                                                                                                                                                                                                                                                      |  |  |
| 24221 SE Hwy 450<br>Ungt: 11a, FLA. 32784                                                                                                                                                           | 24221 SE Hwy 450<br>Umat:119, FLA 32784                                                                                                                                                                                                                               |  |  |
| ARTICLE III - Registered Agent, Registered                                                                                                                                                          | Office, & Registered Agent's Signature:                                                                                                                                                                                                                               |  |  |
| The name and the Florida street address of the r                                                                                                                                                    | egistered agent are:                                                                                                                                                                                                                                                  |  |  |
| Donald R. Name                                                                                                                                                                                      | Wightman                                                                                                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                     | E Hwy 450                                                                                                                                                                                                                                                             |  |  |
|                                                                                                                                                                                                     | ress (P.O. Box NOT acceptable)                                                                                                                                                                                                                                        |  |  |
| Umafila FI 32784 City, State, and Zip                                                                                                                                                               |                                                                                                                                                                                                                                                                       |  |  |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and stered 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: |                                                       |                                                           |  |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|--|
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member                                                               | Name and Address:                                     | FILED                                                     |  |
| MGRM                                                                                                                 | Donald R Wightman 24221 SE Huy H Umatilla FLM 3278    | 2005 JUL 18 P 12: 39  FORETARY OF STATE  AHASSEE, FLORIDA |  |
| MGRM                                                                                                                 | Adam D. Wightman 20822 Wild Springs San Autonio TX 78 | <u>Dr.</u>                                                |  |
| MGRM                                                                                                                 | Robert JAY MCOONA  14 Duerbrook Ct  Wimberley TX 7867 | <u>-0</u>                                                 |  |
|                                                                                                                      |                                                       | ——————————————————————————————————————                    |  |
| (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)