

05000083711

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000201216 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

05 H050000

LIMITED LIABILITY COMPANY

HORIZONT DISTRIBUTOR, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
05 AUG 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 23, 2005

EXPRESS

SUBJECT: HORIZONT DISTRIBUTOR, LLC
REF: W05000039770

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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) 245-6967.

Michelle Hodges
Document Specialist

FAX Aud. #: H05000201216
Letter Number: 405A00053403

RECEIVED
05 AUG 23 AM 10:55
DIVISION OF CORPORATIONS

FILED
05 AUG 23 PM 4:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

(((H05000201216)))

**ARTICLES OF ORGANIZATION
FOR**

HORIZONT DISTRIBUTOR, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

HORIZONT DISTRIBUTOR, LLC

ARTICLE II - Address:

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

**141 NE 3RD AVENUE SUITE 406
MIAMI, FL 33132**

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

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

MARCO ARCE

Name

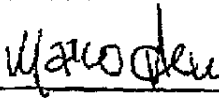
444 BRICKELL AVENUE SUITE 51-459

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

MIAMI, FL 33131

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, F.S.



MARCO ARCE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 AUG 23 PM 4:31

FILED

((H05000201216)))

ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

**MANAGER
MANAGER
MANAGER**

**MARCO ARCE
HAVOC WORLD WIDE DISTRIBUTOR, LLC
KOWSKY S.A.**

(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 808.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

