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ALL ABASSES OF COMMA

TRANSMITTAL LETTER

TO: Registration S Division of C			
SUBJECT:	HIGH BAR	HORIZONS, LLC	
	(Name of Limited	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
<u></u>		W. CLUNE CPA	
	(1	Name of Person)	
		. CLUNE CPA, LLC	
	(1	Firm/Company)	
	1 NAN	TWICK STREET	
		(Address)	
	LIDO E	BEACH, N.Y. 11561	
	(City/	State and Zip Code)	
For further information	n concerning this matter, please	call:	
	J. HOFBAUER	at (609) 494-79	
(Nan	ne of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fee	\$\mathrm{\mathrm{Q}}\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:		MAILING A	
Registration Section Division of Corporations		Registration S Division of Co P.O. Box 6327	orporations
409 E. Gaines Street Tallahassee, Florida 32399		Tallahassee, F	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
HIGH BAR	HORIZONS, LLC	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	oility Company is
Principal Office Address:	Mailing Address:	-
C/O THOMAS J. HOFBAUER	C/O THOMAS J. HOFBAUER	
3020 N. E. 32ND AVENUE, UNIT 1114	3020 N. E. 32ND AVENUE, UNIT	1114
FT. LAUDERDALE, FL 33308	FT. LAUDERDALE, FL 33308	
3020 N. E.		FILED 8 OS OCT -6 AM 10: 50 SIGNETARY OF STATE SIGNETALLAHASSEE, FLORID
FT. LAUDE	RDALE, _{FL} 33308	BE S
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..

istered Ageni's Signature

(CONTINUED)

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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	——————————————————————————————————————
"MGRM" = Managing Member	
MGRM	THOMAS J. HOFBAUER
	3020 N. E. 32ND AVENUE, UNIT 1114
	FT. LAUDERDALE, FL 33308
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	· -
Signature of a m	ember or an authorized representative of a member.
(In accordance wi	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
	THOMAS J. HOFBAUER
	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)