

## **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.

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone

: (305;444~4994

Fax Number

: (305)444-4977

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

HORIZON HOMES, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ECFS** 

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ARTICLES OF OR	GANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name The name of the Lim	e: nited Liability Compar	ný is:			
HORIZON HOME		"Limited Company" or their abbreviation "LLC," or "L.C.,")			
	ARTICLE II - Address:				
The mailing address	and street address of t	the principal office of the Limited Liability Company is:			
Principal Office Ad	idress:	Mailing Address:			
13980 S.W. 47TH ST	REET	13960 S.W. 47TH STREET			
MIAMI FL 33175		MIAMI FL 33175			
(The Limited Liability Combusiness entity with an act	npany cannot serve as its own tive Florida registration.)	stered Office, & Registered Agent's Signs ture: n Registered Agent. You must designate an individual or another			
The name and the Fl	orida street address of	f the registered agent are:			
_	MANUE	EL VERA JR.			
_		EL VERA JR. Name			
_	13960 S.W.	. 47TH STREET			
	Florida atro	reet address (P.O. Box <u>NOT</u> acceptable)			
_	Mi	IAMI FL 33175			

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..

City, State, and Zip

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

(((H06000072432)))

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	GENERAL CONSULTANT & PLANNERS, INC. 13960 S.W. 47TH STREET MIAMI FL 33175
(Use attachment if necessary)	
ICLE V: Effective date, if other the	an the date of filing: (OFT(ONAS) must be specific and cannot be more than five business days prior
	Fig. 3
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	The second Party Se am matthe classic response renembles of a missistive.
(In accordance wo of this document	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated heroin are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.60 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)