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| (Re | equestor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | ction porations | • | |
|--|---|--|--|
| SUBJECT: HIRT | ZON LAND DEVELOP (Name of Limited | THENT : HAZNIEVA I Liability Company) | ICE, UC |
| The enclosed Articles of | Organization and fee(s) are so | ubmitted for filing. | |
| Please return all correspondent | ondence concerning this matte | r to the following: | |
| | TERRY ROBERT | BOYETTE | |
| | 0 | Name of Person) | • |
| HORT | ZON LAND DEVELO | PMENT + MAINTEN Firm/Company) | MUCE. UC |
| <i>538</i> 8 | 3W81°7 87 | Lake Butter ! | -6,32054 |
| | · | (Address) | Visio |
| | (City | /State and Zip Code) | - R 20 |
| For further information | concerning this matter, please | call: | 20 FR 136 Selephone Number) |
| TERRY R | . BOYETTE | at (352) 224- (Area Code & Daytime Te | 8153 To |
| (Name | of Person) | (Area Code & Daytime Te | elephone Number) |
| Enclosed is a check fo | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HORTZON LAND DEVELOPHENT & MAINTENACE LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---|--|
| LAKE BUTLER FL 3205 | PA BOX 243 4 LAC ROSSE FL 32658 |
| | egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual oranother |
| The name and the Florida street address | s of the registered agent are: |
| TERRY R | Name Warre Name Warre Street address (P.O. Box NOT acceptable) |
| | Name |
| 2000 01 | W AVE |
| Florida | street address (P.O. Box NOT acceptable) |
| LAKE E | BUTLER FL 32 |
| Ci | ty, 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..

(CONTINUED) Page 1 of 2

| Title: "MGR" = Manag "MGRM" = Manag | | Name and Address: |
|--|---|---|
| MGRH | <u> </u> | TERRY R BOYETTE 5388 SW 819 WE LAKE BUTLER FL 32054 |
| | | |
| | | |
| | : | |
| (Use attachment i | | e date of filing: (OPTIONAL) |
| CLE V: Effective of | ted, the date must be | be specific and cannot be more than five business days prio |
| CLE V: Effective of the control of t | ted, the date must be te of filing.) | be specific and cannot be more than five business days prio |

Filing Fees:

*4

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)