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COVER LETTER

Division of Corporations	
SUBJECT: HORNER FAMILY CRAFTSMEN, LLC (Name of Limited Liability Company)	<u> </u>
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KUSMURYARTI HORNER (Name of Person)	
HORNER FAMILY CRAFTSMEN, LLC (Firm/Company)	
13956- A FOLKSTONE CIRCLE (Address)	
WELLINGTON, FLORIDA 334/4 (City/State and Zip Code)	***
For further information concerning this matter, please call:	2007) ::XLC/
ALAN L. HORNER at (S61) 667-481 (Name of Person) (Area Code & Daytime Telephone N	SECKETALA - 8
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	0.00 Filing fee, cate of Status & ed Copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HORNER FAMILY CEAFT. (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
13956-A FOLKSTOWE CIRCLE WELLINGTON, FLORIDA 33414	13956-A FOLKSTONE CIRCLE WELLINGTON, FLORIDA 33414
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
KUSMURYARTI HOR Name	the same of the sa
13956-A FOCKSTON Florida street addre	E CIRCLE SS (P.O. Box NOT acceptable)
WELLINGTON City, State, and	FL 33414
liability company at the place designated in this registered agent and agree to act in this capacity.	cept service of process for the above stated limited s certificate, I hereby accept the appointment as I further agree to comply with the provisions of al formance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

3-6-07

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	Name and Address:
"MGRM" = Managing Member	·
MGR	KUSMURYARTÍ HORNER 13956-A FOLKSTONE CIRCLE WELLINGTON, FL. 33414
MGRM	ALAN L. HORNER 13956-A FOLKSTONE CIRCLE WELLINGTON, FL 33414
MGRM	WYATT L. HORNER 13956-A FOLKSTONE CIRCLE WELLINGTON, FL 334/4
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: MARCH 06, 2007. (OPTIONAL) e specific and cannot be moré than five business days prior
REQUIRED SIGNATURE:	ECRETARY LA JASSEI
	monte former = III
Signature of a membe	r or an authorized representative of a member 👼 👵 🛄
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury lerein are true.)
<u>KUSMURY</u> Ty	PARTI HORNER ped 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)