

208000008027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

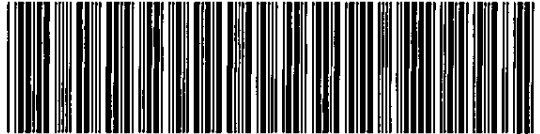
Special Instructions to Filing Officer:

**A. LUNT**

JAN 23 2008

**EXAMIN**

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Ambassador New Horizons L.L.C.  
(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:

Lawrence M Shoot  
(Name of Person)

Lawrence Shoot, ESQ.  
(Firm/Company)

4830 SW 9th Ave  
(Address)

MIAMI FL 33165  
(City/State and Zip Code)

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For further information concerning this matter, please call:

LARRY OR Idania at ( 305 ) 270-2110  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

Ambassador New Horizons L.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

999 Brickel Bay Drive  
Unit 1506  
Miami FL 33131

999 Brickel Bay Drive  
Unit 1506  
Miami FL 33131

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

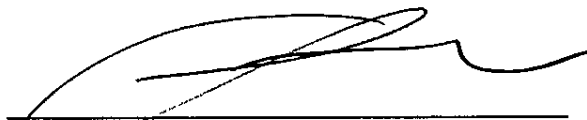
The name and the Florida street address of the registered agent are:

Lawrence M. Shoot, Esq.  
4830 S.W. 92 Ave.  
Miami FL 33165  
Tel: (305) 270-2110

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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 appoint 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, Florida Statutes.

  
Lawrence M. Shoot

ARTICLE IV Manager(s) or Managing Member(s):

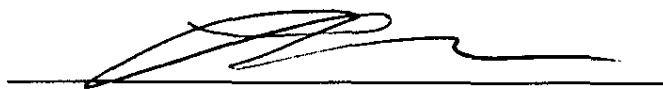
The name and address of each Manager or Managing Member is as follows:

| Title                | Name and Address:   |
|----------------------|---|
| MGRM Managing Member | James Molden<br>1420 Pennsylvania Ave<br>Miami Beach FL 33139 |

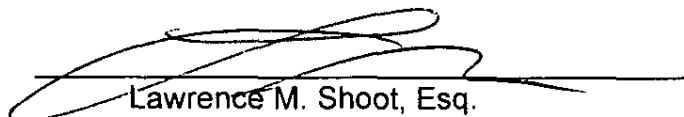
ARTICLE V Members

All members shall have equal power, rights, voting rights. An operating agreement may be entered into.

ARTICLE V: Effective date is the date of filing with the Secretary of State.

  
\_\_\_\_\_  
Signature of an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury

  
\_\_\_\_\_  
Lawrence M. Shoot, Esq.  
Name of signee

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