

Division of Corporations

# L08000064833

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : FASTKIT CORPORATE OUTFITS  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**NEW HORIZON DEBT SOLUTION LLC.**

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**M. THOMAS**

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**EXAMINER**

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TALLAHASSEE, FLORIDA

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NEW HORIZON DEBT SOLUTION LLC.

(NAME OF ORGANIZATION IN FULL)

THE UNDERSIGNED SUBSCRIBERS TO THESE ARTICLES OF ORGANIZATION, EACH A NATURAL PERSON COMPETENT, HEREBY ASSOCIATE THEMSELVES TOGETHER TO FORM A LIMITED LIABILITY COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

NEW HORIZON DEBT SOLUTION LLC.

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN, HAVE ONE OR MORE OFFICES IN, AND BUY, HOLD, SELL, CONVEY, LEASE OR OTHERWISE DISPOSE OF PERSONAL AND REAL PROPERTY, INCLUDING FRANCHISES, TRADEMARKS, PATENTS, COPYRIGHTS, LICENSES, IN THE STATE OF FLORIDA AND OTHER STATES AND COUNTRIES.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PREPARED BY: OTHEL TURNER & COMPANY, ACCOUNTANTS.  
5787 WEST SUNRISE BLVD.  
PLANTATION, FL 33313  
(954) 583-2205

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**ARTICLE III**

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS  
5787 W SUNRISE BLVD  
PLANTATION, FL 33313  
BROWARD COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY  
MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

**ARTICLE IV**

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF  
PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT  
FOR SERVICE OF PROCESS.

IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN  
COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA  
WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF  
PROCESS. OTHHEL TURNER ADDRESS: 5787 W SUNRISE BLVD, PLANTATION, FL  
33313.

**ACKNOWLEDGMENT**

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF  
PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT  
IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID  
OFFICE OPEN.

BY: 

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE V

THE NAMES AND POST OFFICE ADDRESSES OF THE MANAGER OF ORGANIZATION:

Othel Turner - 5787 W SUNRISE BLVD, PLANTATION, FL 33313

Ronald Alarcon - 5787 W SUNRISE BLVD, PLANTATION, FL 33313

MANAGER'S SIGNATURES

*[Handwritten signatures of Othel Turner and Ronald Alarcon]*

STATE OF FLORIDA )  
COUNTY OF BROWARD ) SS

BEFORE ME, THE UNDERSIGNED AUTHORITY, DULY AUTHORIZED TO TAKE OATHS AND RECEIVE ACKNOWLEDGMENTS, PERSONALLY APPEARED OTHEL TURNER & RONALD ALARCON APPEARED BEFORE ME THE PERSON(S) DESCRIBED AS SUBSCRIBER(S) IN THE WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND SEAL THIS 30 DAY OF June, 2008.

*[Handwritten signature of Nicole G. Beal]*  
(SIGNATURE OF NOTARY)

NOTARY PUBLIC, STATE OF FLORIDA



NICOLE G. BEAL  
MY COMMISSION # DD 688718  
EXPIRES: June 28, 2011  
Based Three Budget History Services

(SEAL)

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TALLAHASSEE, FLORIDA

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