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COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT: HORIZON NETWORK L	LC		
	ted Liability Company)		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
JULIO C GUZMAN		_	
	(Name of Person)		
HORIZON NETWORK LLC		_	
	(Firm/Company)		
10913 NW 30 ST SUITE 10	7		
	(Address)		
MIAMI FL 33172	7.St.	08 JUL 21 PH 2:54	
(Cir	ty/State and Zip Code)	2	77
For findly an information concerning this matter place	a call	- P	哥哥
For further information concerning this matter, pleas	e can.	À 7	
JULIO C GUZMAN	_ _{at} (786) 2735230 全	当 三 三	
(Name of Person)	(Area Code & Daytime Telephone Number)	,,,,	
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\times\$\$ Status	S155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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: The name of the Limited Liability Company is:	
HORIZON NETWORK LLC (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10913 NW 30 ST SUITE 107 DORAL FL 33172	10913 NW 30 ST SUITE 107 DORAL FL 33172
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:
The name and the Florida street address of the re	gistered agent are:
JULIO C GUZMAN	
Name	ITE 407
10913 NW 30 ST SU	ress (P.O. Box <u>NOT</u> acceptable)
MIAMI FL 33172	
City, State, at	FL nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formatice of my duties, and I am familiar with and lered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	JULIO C GUZMAN
	10913 NW 30 ST SUITE 107
	MIAMI FL 33172
MGR	MIGUEL GUZMAN
	10913 NW 30 ST SUITE 107
	MIAMI FL 33172
	98 JUL 21
	<u> </u>
	PH 2: 54
(Use attachment if necessary)	" **
ICLE V: Effective date, if other than the o	
	specific and cannot be more than five business days prior
90 days after the date of filing.)	

REQUIRED SIGNATURE:

Signature of a member 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 the penalties of perjury that the facts stated herein are true.)

Typed 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)