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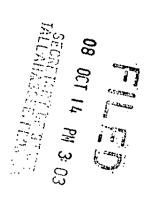
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800136722848

10/14/08--01025--013 **125.00



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COVER LETTER

Registration Section
Division of Corporations

TO:

(Name of Limit	ed Liability Com	pany)
The enclosed Articles of Organization and fee(s) are	submitted for fili	ng.
Please return all correspondence concerning this mate	er to the following	ng:
Glyniel Garner		
	(Name of Person)	
	(Firm/Company)	24 A
67 Golf View Drive		
	(Address)	
Ocala, FL 34472		
(Cit	y/State and Zip Co	de)
For further information concerning this matter, please	call:	
Glyniel Garner	at (352	, 680-1088
(Name of Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$	\$155.00 Fili Certified C (additional co	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building xecutive Center Circle ssee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

New Horizon Co			0
(Must o	end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addr	ess:		
The mailing address a	and street addres	ss of the principal office of the Limited Liability C	ompany is:
Principal Office Add		Mailing Address:	
67 Golf View Drive		P.O. Box 5174	. 1 W
Ocala, FL 34472		Ocala, FL 34478	<u> </u>
business entity with an acti	ve Florida registratio		other
The name and the Flo	ve Florida registratio	ess of the registered agent are:	other
business entity with an acti	ve Florida registratio orida street addre	ess of the registered agent are:	other
The name and the Flo	ve Florida registratio orida street addre	ner Name	ther
The name and the Flo	ve Florida registratio orida street addre rroll S. Gari 7 Golf View	ner Name	ther
The name and the Flo	ve Florida registratio orida street addre rroll S. Gari 7 Golf View	on.) ress of the registered agent are: ner Name / Drive	ther
The name and the Flo	ve Florida registration prida street addre Erroll S. Gari T Golf View Flor Ocala	ress of the registered agent are: ner Name / Drive rida street address (P.O. Box NOT acceptable)	ther

Registered Agent's Signature (REQUIRED)

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

1 . 4

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member	•	
MGR	Glyniel Gamer	
	67 Golf View Drive	
	Ocala, FL 34472	
MGRM	Erroll Gamer	
	67 Golf View Drive	
	Ocala, FL 34472	
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		2
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(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: October 9, 2008. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Glyniel Garner

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)