Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000174002 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. THE HORIZON'S V, LLC.

Certificate of Status

0

Certified Copy

1

Page Count

03

\$155.00

Estimated Charge

S. HAWKES

AUG 3 - 2010

EXAMINER

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H10000174002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: THE HORIZON 5 TL LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Deinging) Office Addresses

The mailing address and street address of the principal office of the Limited Liability Company is:

1 methal Other Address.	Maning Address.	
15339 S.W.32 Ten	15339 S.W. 32 nd Ten	
MIANI, F1, 33185	MIAMI, F1, 33185	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business outify with an active Florida registration.)		

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

NATACHA MIRAHBEAUX			
Name			
15339 S.W. 32 Ten			
Florida street address (P.O. Box NOT acceptable)			
MIAM! PL 33185			
City, State, and Zip			

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 accept the appointment 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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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	
MGRM	RICAR DO MERA 7350 S.W. 8987 # 180 MIAMI, FL. 33156
MERM	ROBERT SORIANO 15339 S.W. 332 Den MIAMITEL 33185
	NG -2
: ,	
(Use aftachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	•
The state of the s	
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Typed or printed name of signee