Florida Department of State

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.

(((H11000019728 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tor

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICED

Account Number : I20000000019 : (305)552-5973 Phone 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.

New Horizons Funding Group #2 L.L.C.

Certificate of Status

1

Certified Copy

Page Count

03

Estimated Charge

\$130.00

K. SALY **EXAMINER**

JAN 25 2011

Electronic Filing Menu

Corporate Filing Menu

Help

H11000019728

ARTICLES OF ORGANIZATION FOR FLOR	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	-
New Horizons Functing (Must end with the words "Limited Liability of	mpany, "LLC," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal street.	pal office of the Limited Liability Company is:
Principal Office Address:	alling Address:
5840 SW 93 PL. Mismi, PL., 33173	5840 EW 93 PC. Mismi, FC., 33/73
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	fice, & Registered Agent's Signature: Agent. You must designate an individual or another
The name and the Florida street address of the regis	
Javec Do	JAN 24
Name	N Z
5840 SW 9	5 PL, 96-
Micmi FI City, State, a	nd Zlp 881 7.3
Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete perfor accept the obligations of my position as registered.	certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and
Progistered Agent's Signature	RESURED)
· //	

(CONTINUED)

Page 1 of 2

1 . g

H11000019728

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
. .	<u> </u>
MGRM	Jaider Daire
	5840 SW 93 PL.
	Miani, EL., 381+3
	·
(Use attachment if necessary)	
LE V: Effective date, if other than the	
	ne date of filing: (OPTION be specific and caunot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and caunot be more than five business de
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	be specific and caunot be more than five business de
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memiliar accordance with section 6	be specific and cannot be more than five business de ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info	be specific and cannot be more than five business deber or an authorized representative of a member. 08.408(3), Plorida Statutes, the execution of this document lier the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical support of the constitutes an affirmation under that any false inforcement of the constitutes at third degree felorestitutes at third degree felorestitutes at the constitutes at the	be specific and cannot be more than five business de ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical support of the constitutes an affirmation under the constitutes at third degree felorostitutes a third degree felorostitutes at third degree felorostitutes at third degree felorostitutes at third degree felorostitutes.	be specific and cannot be more than five business de ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical support of the constitutes an affirmation under the constitutes at third degree felorostitutes a third degree felorostitutes at third degree felorostitutes at third degree felorostitutes at third degree felorostitutes.	be specific and cannot be more than five business deber or an authorized representative of a member. 08.408(3), Plorida Statutes, the execution of this document lier the penalties of perjury that the facts stated herein are true.

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2