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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	
<sub>SUBJECT:</sub> New	Horizons 21 LLC	
56B8E4.		ted Liability Company
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this mat	ter to the following:
Oliver F	R. Phillips	
		Name of Person
New Ho	orizons 21 LLC	•
		Firm/Company
2209 E.	Walnut Street	
		Address
Orlando,	FL 32806	
<del> </del>		y/State and Zip Code
oliverrphill	ips@aol.com	
	E-mail address: (to be used	for future annual report notification)
For further information	on concerning this matter, please	e call:
Oliver Phillips		_at (407)_600-7620
Nan	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check  ✓ \$125.00 Filing Fee	for the following amount:  \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & 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

The name of the Limited Liability Company is:				
New Horizons 21 LLC			_	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address:				
The mailing address and street address of the pr	incipal office of the Limited Li	ability (	Compa	any is:
Principal Office Address:	Mailing Address:			
2209 E. Walnut Street	2209 E. Walnut Street			
Orlando	Orlando		-	
FL 32806	FL 32806		<u>-</u>	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an indivi			
The name and the Florida street address of the re	egistered agent are:			
Oliver R. Phillips				
Name				
7421 Penrill Cour	t			
Florida street add	ress (P.O. Box NOT acceptable)			
Orlando	<sub>FL</sub> 32818			
City, Sta	te, and Zip			
Having been named as registered agent and to a 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 accept the obligations of my position as regis Registered Agent's Signature.	his certificate, I hereby accept the c. I further agree to comply with rformance of my duties, and I an ttered agent as provided for in C	ie appoi the pro n familia	ntmen wision ar with	t as s of all h and
(CONTINU Page 1 of 2	J <b>ED)</b>	OF STATE	PH W S	
1 agc 1 01 2				

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
Oliver R. Phillips	7421 Penrill Court Orlando FL 32818
<del></del>	
(Use attachment if nearescent)	
ffective date is listed, the date must b	e date of filing: (OPTION/ De specific and cannot be more than five business da
CLE V: Effective date, if other than the ffective date is listed, the date must he	e date of filing: (OPTION/ De specific and cannot be more than five business da
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTION/ oe specific and cannot be more than five business da
CLE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	pe specific and cannot be more than five business da

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)