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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Horne Brothers Real E	<u> </u>
Name of Limi	ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Raymond Monteleone	
	Name of Person
Paladin Global Partners	
	Firm/Company
612 SE 5 Ave., STE 6	
	Address
Fort Lauderdale, FL 33301	
	ty/State and Zip Code
ray@paladinglobalpartners.com	for future annual report notification)
For further information concerning this matter, pleas	·
Raymond Monteleone	_at (954) 653-1071
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	11 * 1 *1**
The name of the Limited	d Liabilit
Horne Brothers	Real
(Must end	with the wo

ty Company is:

Estate, LLC

ords "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2117 Lakeshore Drive North	POST OFFICE BOX 8339
Fleming Island, FL 32003	Fleming Island, FL 32006

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 entity with an active Florida registration.)

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

Raymond Monteleone Name 612 SE 5 Ave., STE 6 Florida street address (P.O. Box NOT acceptable) Fort Lauderdale,

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Name and Address:		
Horne Management, Inc.		
19520 Gulf Boulevard, #402	_	
Indian Shores, FL 33785	_	
Wellstone Marketing, LLC		
Post Office Box 8339	_	
Fleming Island, FL 32006	_	
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late of filing: . (OPTIC	DNAL))
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TALLAMASS	12 AUG -7	ËI
TALLAHASSEE.	12 AUG -7 P	11 E
or an authorized representative of a member.	12 AUG -7 PH 12	FILED
<u> </u>	12 AUG-7 PH 12:5	EILED.
408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are frue	Ç	FILED
408(3), Florida Statutes, the execution of this document	Ç	(GBTI3
	19520 Gulf Boulevard, #402 Indian Shores, FL 33785 Wellstone Marketing, LLC Post Office Box 8339 Fleming Island, FL 32006 late of filing: (OPTIC	19520 Gulf Boulevard, #402 Indian Shores, FL 33785 Wellstone Marketing, LLC Post Office Box 8339

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)

Typed or printed name of signee