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	Samuel Alamas	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions t	o Filing Officer:	



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SECRETARY OF STATE

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CEC 1 0 2013

T. HAMPTON

COVER LETTER

TO: **Registration Section Division of Corporations**

Florida Horizons Vacation Homes LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James McCarthy
Name of Person
Florida Horizons Real Estate
Firm/Company
4700 Millenia Blvd, Suite 175
Address
Orlando, FL 32839
City/State and Zip Code
jm@flhrealty.com
E-mail address: (to be used for future annual report notification)
orther information concerning this matter, please call:

For fu

James McCarthy

Name of Person

Enclosed is a check for the following amount:

\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Florida Horizons Vacation Homes LLC (Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4700 Millenia Blvd, Suite 175 Orlando, FL 32839	4700 Millenia Blvd, Suite 175 Orlando, FL 32839
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
James McCarthy	
Name	
4700 Millennia Blvd, Suite 175	i
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)
	ոգը, FL 32839
City, Sta	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complete and accept the obligations of my position as respectively.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
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(CONTINUED)

Page 1 of 2

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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:

"MGRM" = Managing Member MGR	**MGRM" = Managing Member MGR James McCarthy 4700 Millenia Blvd, Suite 175 Orlando,FL 32839 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) James McCarthy Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.00.00 Certified Copy (Optional)	<u>Title:</u> "MGR" = Manager	Name and Address:
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing: 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) James McCarthy Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$5.00 Certificate of Status (Optional)	"MGRM" = Managing Member	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGR	James McCarthy
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		4700 Millenia Blvd, Suite 175
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Orlando,FL 32839
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