## L16000/3/055

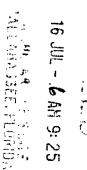
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

D	ivision of Corporations
SUBJECT	HRZN LLC
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Mark Polinski
	Name of Person
	Firm/Company
	3752 Manitoba Way
	Address
	Viera, FL 32955
	City/State and Zip Code mdpolinski@me.com
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Mark Polinski 407 782-3808
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125,00 Fi	lling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ANTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				•	1.
The name of the Limited Liab	ility Company is:			16 JUL -6	AH 0.20
HRZN, LLC (Must er	nd with the words "Limited	l Liability Compan	y, "L.L.C.," or "LLC.")	49 49 49 W. 3514	1.07.10
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limited			
Princ	ipal Office Address:		Mailing Ad	dress:	
3752 Manitoba W	ay	375	2 Manitoba Way		
Viera, FL 32955			ra, FL 32955		
The name and the Florida stre	Mark Polinski	_			
	Mark Polinski	Name	<del></del>		
	3752 Manitoba Way				
	Florida street addres	s (P.O. Box <u>NOT</u> a	acceptable)		
	Viera	FL	32955		
	City	State	Zip		
Having been named as registere place designated in this certifica further agree to comply with the nm familiar with and accept the	ate, I hereby accept the app e provisions of all statutes r	ointment as register elating to the prope as registered agent	red agent and agree to a r and complete performa	ct in this capacity. ance of my duties,	. <i>I</i>
		(CONTINUED)	•		
		Page 1 of 2			

<u> Citle:</u>	Name and Address:
'AMBR" = Authorized Membe	r
MGR" = Manager	
<u>AMBR</u>	Mark Polinski
	3752 Manitoba Way
	Viera, FL 32955
AMBR	Brian Sherrill
	8931 Lake Drive #501
	Cape Canaveral, FL 32920
	oup out way a beyon
AMBR	Ian McFarland
	160 Moore Avenue
	Merritt Island, FL 32952
V: Effective date, if other than	the date of filing:
ctive date is listed, the date m f filing.) the date inscrted in this block d nent's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than ctive date is listed, the date must filling.) the date inserted in this block denent's effective date on the Department.	oes not meet the applicable statutory filing requirements, this date will not
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CV: Effective date, if other than ctive date is listed, the date must filling.)  the date inserted in this block dient's effective date on the Department of the determinant of the dete	oes not meet the applicable statutory filing requirements, this date will not partment of State's records.  e of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

Page 2 of 2