## L19000136823

(Requestor's Name)		
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PICK-UP	☐ WAIT	MAIL
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9 MAY 20 PH 12: 56 ECRETARY OF STATE MITAHASSEE, FLORIDA

N CULLIGAN MAY 3 | 2019

## COVER LETTER

	of Corporations			
SUBJECT:	Horne Capital Property, 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:				
	Livia Horne Name of Person			
<del></del>	Horne Capital Property, LLC			
	1226 NW 31 Way Addotss			
City/State and Zip Code  hornela 76 ag mail. 2019  E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for future annual report notification)			
For further informa	tion concerning this matter, please call:			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a chec	ck for the following amount:			
\$125.00 Filing Fe	\$130.00 Filing Fee & Certificate of Status  S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	s:		
Must contain the words	coital Pr	opertu.	11C
(Must contain the word	Limited Liability	Company, L.L.C.,	" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of t	he Limited Liability	y Company is:
Principal Office Ad	dress:		Mailing Address:

<b>,</b>	
ARTICLE III - Registered Agent, Registered Office, & Registered A	Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Age	ent. You must designate an individual or
another business entity with an active Florida registration.)	

1226 NW 31 Way Lauderhill Fl. 3331

The name and the Florida street address of the registered agent are:	19 H. SECR TALLA
Livia Horne Name	Y 20
1226 NN 31 Way	
Florida street address (P.O. Box <u>MOT</u> acceptable)  Lauderhill, Florida 333//	12: <b>5</b> 1
City State Zip	. DA

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:  "AMBR" = Authorized Member  "MGR" = Manager  MGR	Name and Address:  Livia Horne  1226 NN 31 Day  Lander hill, Fl. 33311
	FILED PHIZ:
	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 days after
the date of filing.)  Note: If the date inserted in this block does not meet the document's effective date on the Department of States.	he applicable statutory filing requirements, this date will not be listed as ate's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:  Livra F	forse
This document is executed in I am aware that any false infor constitutes a third degree felor	accordance with section 605.0203 (1) (b), Florida Statutes.  rmation submitted in a document to the Department of State  ny as provided for in s 817 155 F.S.
<u>Livia</u>	Horn & Deed or printed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company:

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)