119000148788

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500330266135

86/04/16~-01000 -025 **155.00

C RICO JUN 0 4 2019 19 JUN -4 PH 4: 13

COVER LETTER

	ew Filing Section ivision of Corporations		
A11 + 12 × 12 × 12 × 12	New Dawn Horizons, LLC		
SUBJECT		Liability Company	
The enclos	sed Articles of Organization and fee(s) are sub-	mitted for tiling.	
	irn all correspondence concerning this matter to		
	Dawn M. Newby Selker		
	Na	me of Person	
	Fir	ht/Company	
	465 N.E. 170th Street		
		Address	
	North Miami Beach, FL 33162		
	City/St newdawnhorizons@yahoo.com	ate and Zip Code	<u></u>
	E-mail address: (to be used for fu	dure annual report notification)	<u> </u>
For further i	nformation concerning this matter, please call:		19 JUR-1
	Dawn M. Newby Selker 305	613-8932	20
	Name of Person Area Co	ode Daytime Telephone Number	PH 1: 1
Enclosed i	s a check for the following amount:		し)
\$ 125.00 F	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee. Gertified Copy ditional copy is enclosed) Certified Copy (additional copy is enclose	:d)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

New Dawn Horizons, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
•	
ARTICLE II - Address:	l la
The mailing address and street address of the principal office of	he Limited Elability Company is:
Principal Office Address:	Mailing Address:
465 N.E. 170th Street	465 N.E. 170th Street
North Miami Beach, FL 33162	North Miami Beach, FL 33162
mother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	
	 ਦ:
Dawn M. Newby Selker	e:
Dawn M. Newby Selker Name	e:
	e:
Name	
Name 465 N.E. 170th Street	Box NOT acceptable)
Name 465 N.E. 170th Street Florida street address (P.O. I	Box NOT acceptable)

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:		Name and Address:	
"AMBR" = Authori			
"MGR" = Manager AMBR		Dawn M. Newby Selker	
AMDK		465 N.E. 170th Street	
		North Miami Beach, FL 33162	
	<u>.</u>		
			
			
			
(Use attachment if r	necessary)		
e of filing.)		ng: (OPTIONAL) and cannot be more than five business days prior to or 90	
e of filing.) If the date inserted in		e applicable statutory filing requirements, this date will not	
e of filing.) If the date inserted in ument's effective date	this block does not meet the on the Department of State	e applicable statutory filing requirements, this date will not	
e of filing.) If the date inserted in ument's effective date	this block does not meet the on the Department of State	e applicable statutory filing requirements, this date will not	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision	this block does not meet the on the Department of Statons, if any.	e applicable statutory filing requirements, this date will not	
e of filing.) If the date inserted in ument's effective date	this block does not meet the on the Department of Statons, if any.	ne applicable statutory filing requirements, this date will not te's records.	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision	this block does not meet the on the Department of Statons, if any.	ne applicable statutory filing requirements, this date will not te's records.	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision of the provision of th	this block does not meet the on the Department of Statons, if any. SATURE: Signature of a member	re applicable statutory filing requirements, this date will not te's records. Yearly Lechan or an authorized representative of a member.	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision REQUIRED SIGN Thi	this block does not meet the on the Department of Statons, if any. SATURE: Signature of a member s document is executed in	or an authorized representative of a member.	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision. REQUIRED SIGN. This is an	this block does not meet the on the Department of Statons, if any. SATURE: Signature of a member s document is executed in a ware that any false information.	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision. REQUIRED SIGN. This is an	this block does not meet the on the Department of Statons, if any. SATURE: Signature of a member s document is executed in a ware that any false information.	or an authorized representative of a member.	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision. REQUIRED SIGN. This is an	this block does not meet the on the Department of States ons, if any. SATURE: Signature of a member s document is executed in a naware that any false infortstitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	oe li
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision REOUIRED SIGN This is an inserted in the provision of t	this block does not meet the on the Department of States ons, if any. SATURE: Signature of a member s document is executed in a naware that any false infortstitutes a third degree felon Dawn M. Newby Selke	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155. F.S.	
e of filing.) If the date inserted in ument's effective date. LE VI: Other provision REOUIRED SIGN This is an inserted in the provision of t	this block does not meet the on the Department of States ons, if any. SATURE: Signature of a member s document is executed in a naware that any false infortstitutes a third degree felon Dawn M. Newby Selke	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.	i e li
r of filing.) If the date inserted in ument's effective date LE VI: Other provision REOUIRED SIGN This is an acons	this block does not meet the on the Department of States ons, if any. SATURE: Signature of a member s document is executed in a naware that any false infortationstitutes a third degree felon Dawn M. Newby Selke Typ	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155. F.S. Extended or printed name of signee Filing Fees:	i i
e of filing.) If the date inserted in tument's effective date LE VI: Other provision REOUIRED SIGN This is an economy.	this block does not meet the on the Department of States ons, if any. SATURE: Signature of a member s document is executed in a naware that any false infortationstitutes a third degree felon Dawn M. Newby Selke Typ	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155. F.S. Extended or printed name of signee Filing Fees:	
r of filing.) If the date inserted in ument's effective date to the date to t	this block does not meet the on the Department of States ons, if any. SATURE: Signature of a member s document is executed in a naware that any false infortationstitutes a third degree felon Dawn M. Newby Selke Typ	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S. ar	e I