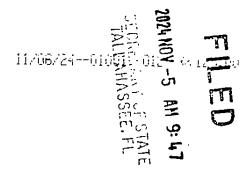
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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1.	HORIZON ESTATE		
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3.	(CORPORATE NAME AND I	DOCUMENT #)	
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6.	(CORPORATE NAME AND I	OOCUMENT #)	
SPECIAI	L INSTRUCTIONS:		
			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	ity Company is:			
Horizon Estate Ven (Must con		iability Com	pany, "L.L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the Li	mited Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Address:	
10 Hickory Road Highland Lakes,NJ	07422	<u></u>	10 Hickory Road Highland Lakes,NJ 07422	7024 NC
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration	tegistered A	Agent's Signature: アード gent. You must designate an individual or いっこう	N-5 M 9
The hame and the Florida street	·		FL	9:47
	Corporate Creations N	Name		ì
	001.116.117.1			
	801 US Highway 1 Florida street address	P.O. Box N	(OT acceptable)	
	North Palm Beach	FL	33408	
	City	State	Zip	
place designated in this certificate urther agree to comply with the p	. I hereby accept the appoi rovisions of all statutes rela	ntment as reating to the p	for the above stated limited liability company gistered agent and agree to act in this capac proper and complete performance of my dutic agent as provided for in Chapter 605, F.S	ity. I
	/	S/ Kristen F	undaro	
	Register	red Agent's	Signature (REQUIRED)	
		(CONTINU	JED)	

ART	ГI (٦ı	r i	V_{-}
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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Ana Gabriela Degelman 10 Hickory Road Highland Lakes,NJ 07422
	7024 NO.
(Use attachment if necessary)	AND SEE OF TO TO TO THE PROPERTY OF THE PROPER
he date of filing.)	pplicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	I. D. alaran
/S/Ana Gabrie	la Degelman

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Ana Gabriela Degelman

Typed or printed name of signee

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)