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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NEW HORIZON ENTERTAINMENT, L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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SECTION OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Name	<u>5/2/99</u>
Availability	<u>DEC</u>
Document Examiner	<u>DEC</u>
Updater	<u>DEC</u>
Updater Verifier	<u>DEC</u>
Acknowledgment	<u>DEC</u>
W. P. Verifier	<u>JLC</u>

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 MAY 26 AM 11:16
DIVISION OF CORPORATION

Examiner's Initials

FROM :

PHONE NO. :
2281440

May. 21 1999 10:57AM P4
P. 84

**TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NEW HORIZON ENTERTAINMENT, L.L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Marvin D. Michaels, Esq.

Name (Printed or typed)

1010 SW 86th Court

Address

Miami, Florida 33144

City, State & Zip

(305) 264 1522

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

NEW HORIZON ENTERTAINMENT, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2801 Ponce De Leon Blvd. , Suite 680, Coral Gables, Fl 33134

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

M. Arshid Shah - 2801 Ponce De Leon Blvd., Coral Gables, Fl 33134

John A. Harding- 2801 Ponce De Leon Blvd. #680, Coral Gables, Fl 33134

Willy Chirino - 4400 Island Road, Miami, Fl 33137

Lisette Alvarez Chirino- 4400 Island Road, Miami, Fl 33137

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TALLAHASSEE, FLORIDA

FROM :

PHONE NO. :

May. 21 1999 10:58AM P6
P. 05

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

N/A

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

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TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
NEW HORIZON ENTERTAINMENT, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 0
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____.
 A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0
0
- 5) the total amounts of 2, 3 and 4 is \$ _____

Arslid Shah

 Signature of a member or authorized representative of a member.

(In accordance with section 602.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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 TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____
NEW HORIZON ENTERTAINMENT, L.L.C.

2. The name and address of the registered agent and office is:

M. Arshid Shah

(NAME)
2801 Ponce De Leon Blvd. #680

(P. O. Box NOT ACCEPTABLE)
Coral Gables, Fl 33134

(CITY/STATE/ZIP)

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.

Arshid Shah
(SIGNATURE)

5-24-99
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

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TALLAHASSEE, FLORIDA