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LLANASSEE, FLORE



COVER LETTER

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

SUBJECT: Ho	rizon Profess	ional Se	rvices, Inc.		
	(PROPOSED	CORPORATI	e name – <u>Must Incl</u>		
Enclosed are an or \$70.00 Filing Fee	iginal and one (1) cop X\$78.75 Filing Fee & Certificate of \$		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: _	Meilyn Moya	Name (P	rinted or typed)	·	
5370 W 4th Avenue Address					
	Hialeah, FL	33012 City, St	ate & Zip		
	786-412-4695	Daytime Tele	phone number	***	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Horizon Professional Services, Inc.

2006 MAY -8 PM 3: 25

TALLAHASSEE, FLORIE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5370 W 4th Avenue Hialeah, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Management Company

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Meilyn Moya - President 5370 W 4th Avenue Hialeah, FL 33012

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Meilyn Moya 5370 W 4th Avenue Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Meilyn Moya 5370 W 4th Avenue Hialeah, FL 33012

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Signature/Incorporator