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FLORIDA LIMITED LIABILITY CO.  
L4 HORIZON LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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STATE DEPARTMENT OF REVENUE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L4 HORIZON LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5840 AZURE DR  
WESLEY CHAPEL, FL 33545

5840 AZURE DR  
WESLEY CHAPEL, FL 33545

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VARGAS VENTO, LORGIO

Name

5840 AZURE DR

Florida street address (P.O. Box **NOT** acceptable)

WESLEY CHAPEL FL 33545

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.*

Lorgio Vargas Vento (Jan 21, 2025 16:29 EST)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

VARGAS VENTO, LORGIO

5840 AZURE DR

WESLEY CHAPEL, FL 33545

AMBR

SAN JUAN GUIA, LAUREN

5840 AZURE DR

WESLEY CHAPEL, FL 33545

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific 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 applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

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**REQUIRED SIGNATURE:**

Lorgio Vargas Vento (Jan 21, 2025 16:29 EST)

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.

VARGAS VENTO, LORGIO

Typed or printed name of signee

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