

L14 000141232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

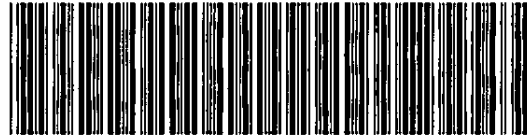
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100263658161

09/03/14--01025--008 \*\*125.00

14 SEP -3 AM 10:03  
ST. LOUIS, MO  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HARBOUR CAPITAL LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William R. Boose III

Name of Person

Firm/Company

2444 San Pietro Circle

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

wboose@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William R. Boose III at ( 561 ) 310-7809

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Harbour Capital LLC

(Must end with 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:**

2101 South Congress Avenue  
Delray Beach, FL 33445

**Mailing Address:**

2101 South Congress Avenue  
Delray Beach, FL 33445

**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.)

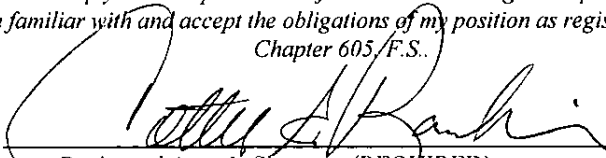
The name and the Florida street address of the registered agent are:

Cottie E. Rankin  
Name

2444 San Pietro Circle  
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL 33410  
City 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 as provided for in Chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 SEP - 3 AM 10:03  
FILED  
CLERK OF DISTRICT COURT  
JULIA M. SEXTON

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

**Name and Address:**

George T. Elmore

2101 South Congress Avenue

Delray Beach, FL 33445

William R. Boose III

2444 San Pietro Circle

Palm Beach Gardens, FL 33410

Cottie E. Rankin

2444 San Pietro Circle

Palm Beach Gardens, FL 33410

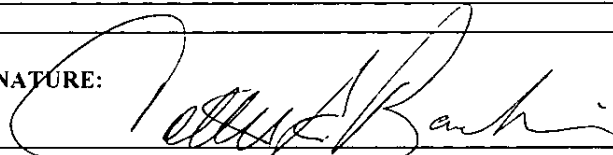
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 29, 2014. (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Cottie E. Rankin

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)**

14 SEP -3 AM 10:03  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA