

L14000170439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/30/14--01030--009 **130.00

EFFECTIVE DATE
11/1/14

FILED
2014 OCT 30 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James Stivers
PO Box 938
Melbourne, FL 32902

October 27, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Name: James Stivers
Address: 9150 S. Tropical Trail
Daytime Phone Number: (321) 403-1947

Included in envelope:

-Check for \$130 for filing fees for Articles of Organization and Certificate of Status > HARBOR CITY PLACE LLC
-Articles of Organization

Regards,


JAMES E. STIVERS

COVER LETTER

TO: ~~Registration Section~~
Division of Corporations

SUBJECT: HARBOR CITY PLACE 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:

JAN STIVERS
Name of Person

HARBOR CITY PLACE LLC
Firm/Company

PO BOX 938
Address

Melbourne, FL 32902
City/State and Zip Code

JSTIVERS@BUILDTOSUITLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM STIVERS at (321) 403 1947
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:

HARBOR CITY PLACE 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:

9150 S. TROPICAL TRAIL
Merritt Island, FL
32952

Mailing Address:

HARBOR CITY PLACE LLC
PO Box 938
MELBOURNE, FL 32902

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:

JAMES TIVERS

Name

9150 S. TROPICAL TRAIL

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

Merritt Island

FL

32952

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.

JAMES E. TIVERS
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Name and Address:

JALIE STIVERS

PO BOX 938

MELBOURNE, FL 32902

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/1/14 (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.)

JAMES B. SONN
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)

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TALLAHASSEE, FLORIDA