

L19000238878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

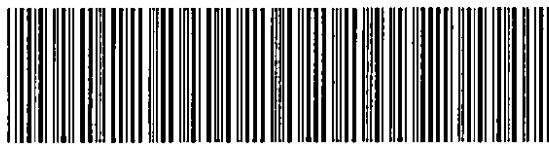
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100335232331

100335232331
10/03/19--01004--009 **125.00

19 OCT -3 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT -3 PM 12:12

FILED

OCT 03 2019

K. B. ...

**CORPORATE
+ ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

PICK UP: 10/03/2019

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** **LLC** _____

1. **HARBORAGE ENTERPRISES LLC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

19 OCT -3 PM 5:57

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Harborage Enterprises 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:

Ryan Abrams, Esq.
Name of Person

Abrams Law Firm, P.A.
Firm/Company

401 E. Las Olas Blvd. Suite 1400
Address

Fort Lauderdale, FL
City/State and Zip Code

rabrams@abrams-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Abrams at (305) 775-5958
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
 New Filing Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address
 New Filing 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:

Harborage Enterprises 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:

14519 US HWY 19
Hudson, FL 34667 US

Mailing Address:

14170 US HWY 19 Suite 124
Hudson, FL 34667 US

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:

Abrams Law Firm, P.A.

Name

401 E. Las Olas Blvd., Suite 1400

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

<u>Fort Lauderdale</u>	<u>FL</u>	<u>33301</u>
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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2019 OCT -3 PM 12:12
SECRETARY OF STATE
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

MGR

Name and Address:

Heather Petersen

14519 US HWY 19, Hudson, FL

34667 US

Christian Olsson

14519 US HWY 19, Hudson, FL

34667 US

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/26/2019 (OPTIONAL)

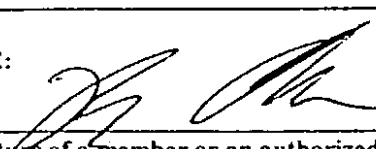
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

MANAGER-MANAGED

REQUIRED SIGNATURE:



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.

Ryan A. Abrams, Esq.

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)