

L200000054872

(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



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2020 FEB 21 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N C 111
FEB 21 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. HarRodBoat LLC

(Corporation Name)

Document #

2. _____

(Corporation Name)

Document #

☒ Walk in

____ Pick up time _____

____ Mail out

____ Will wait

____ Photocopy

____ Certified Copy

____ **Certificate of Status**

NEW FILINGS

____ Profit

____ Not for Profit

☒ Limited Liability

____ Domestication

____ Other

AMMENDMENTS

____ Amendment

____ Resignation of R.A. Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Merger

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL

REGISTRATION/QUALIFICATIONS

____ Foreign

____ Limited Partnership

____ Reinstatement

____ Trademark

____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HarRodBoat 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:

Francisco A. Rodriguez

Name of Person

HarRodBoat LLC

Firm/Company

2516 McGregor Blvd.

Address

Fort Myers, FL 33901

City/State and Zip Code

otherdoesforus@gmail.com

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

For further information concerning this matter, please call:

Lura Barua 888 650-3738

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is

StarRodBoat 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:

2516 McGregor Blvd
Fort Myers, FL 33901

2516 McGregor Blvd
Fort Myers, FL 33901

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:

Anthony J. Gargano

Name

2240 West First Street, Suite 105

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

Fort Myers

FL

33901

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.

Anthony J. Gargano

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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:

MGR

Francisco A. Rodriguez
516 McGregor Blvd
Fort Myers, FL 33901

MGR

William N. Harwin
34270 Royal Harbour Ct. Unit 1021
Fort Myers, FL 33908

(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.

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.

Francisco A. Rodriguez

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)