L22000077981

(Re	equestor's Name)	
(Ac	ddress)	
(Ác	ddress)	
(Ci	ty/State/Zip/Phone	#)
PiCK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		l





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02/23/22--01027--014 **125.00

JALLAHASSEE, FLOOR

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FILED STATE SECRETARY OF STATE

- CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Harbour House 334 LLC		
	_	Art of Inc. File
-		LTD Partnership File
		Foreign Corp. File
	_	L.C. File
		Fictitious Name File
	_	Trade/Service Mark
	j _	Merger File
	_	Art, of Amend, File
	\	RA Resignation
	_	Dissolution / Withdrawal
	_	Annual Report / Reinstatement
	_	Cert. Copy
	_	Photo Copy
	_	Certificate of Good Standing
	1_	Certificate of Status
	_	Certificate of Fictitious Name
		Corp Record Search
		Officer Search
	_	Fictitious Search
Signature		Fictitious Owner Search
Signature	_	Vehicle Search
		Driving Record
Requested by: SETH	-	UCC 1 or 3 File
	Time	UCC 11 Search
Name Date	Time	UCC II Retrieval
Walk-In Will Pick Up	·	Courier

COVER LETTER

	ew Filing Section ivision of Corporations	
SUBJECT	Harbour House 334 LLC	
Non Jici	Name of I	imited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	Stuart Drossner	
	-	Name of Person
	Harbour House 334 LLC	
		Firm/Company
	10275 Collins Ave. #334 Bal Hart	oour FL 33154
		Address
	Bal Harbour FL 33154	
	sdrossner@gmail.com	City/State and Zip Code
-		ed for future annual report notification)
For further i	nformation concerning this matter, plea	ase call:
	Stuart Drossner	305 502-1717
		Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

SECRETARY OF STATE	,
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ARTICLE I - Name:

The name of the Limited Liability Company is:

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(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TCLE II - Address:	
mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10275 Collins Ave #334 Bat Harbour FL 33154	10275 Collins Ave #334 Bal Harbour FL 33154
	<u> </u>
	

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

Stuart Drossner		
	Name	
10275 Collins Ave. #334		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Bal Harbour	FL	33154
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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR - Manager	Stuart Drossner
	10275 collins ave #334 bal harbour fl 33154
	
	
	
(Use attachment if necessary)	
(Ose indedicate in necessary)	
TCLE V: Effective date, if other than the da	te of filing: 02/23/2022 (OPTIONAL)
n effective date is listed, the date must be s late of filing.)	specific and cannot be more than five business days prior to or 90 days aft
	meet the applicable statutory filing requirements, this date will not be listed
document's effective date on the Departmer	nt of State's records.

REQUIRED SIGNATURE:

ARTICLE IV-

Tuest Drossnes

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.

Stuart Drossner

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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SECRETARY OF STATE