

L22000413807

(Requestor's Name)

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(City/State/Zip/Phone #)

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S. CHATHAM

SEP 25 2022

FILED
TALLAHASSEE, FLORIDA

2022 SEP 21 PM 12:00

FILED
DIVISION OF CORPORATIONS
22 SEP 23 PM 3:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 SEP 23 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 22, 2022

CORPORATE ACCESS, INC.

SUBJECT: HARBOUREAST LLC
Ref. Number: W22000120942

Corrected

We have received your document for and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The persons authorized to manage must have a title.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 922A00021137

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harboureast 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:

730 N Ocean Blvd Unit 1804
Pompano Beach, FL 33062

Mailing Address:

730 N Ocean Blvd Unit 1804
Pompano Beach, FL 33062

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:

Steven Goericke

Name

730 N Ocean Blvd Unit 1804

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

Pompano Beach

FL

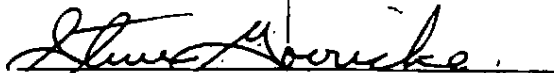
33062

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)

Page 1 of 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 SEP 23 PM 3:01

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager
AMBR

AMBR

Name and Address:

Steven Goericke
730 N Ocean Blvd Unit 1804
Pompano Beach, FL 33062

Daniel Goericke
730 N Ocean Blvd Unit 1804
Pompano Beach, FL 33062

22 SEP 23 11:01
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(Use attachment if necessary)

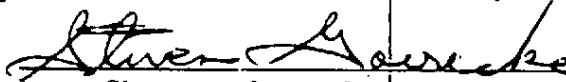
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Steven Goericke

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)