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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Opecial instructions to	Tilling Officer.	
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COVER LETTER

TO: Registration Section

Division of	f Corporation:	S				
	rage Investmer					
			Limited Liability (Company		
					ansact Business in Florida," y company to transact busin	
Please return all cor	respondence co	oncerning this matter to the	following:			
N	iark DuRali					
_	Name of Person					
_		T.	irm/Company			
1	10 Deville Dr	r	mn/Company			
<u> </u>			Address			
Λ	fary Esther, FL	32569				
_		City/S	state and Zip Code			
ma	rk@harboragei	nvestments.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For further informat	ion concerning	this matter, please call:				
Mark DuR	all		850 at (855-07		
·····	Name of	Contact Person	Area Code	Day	rtime Telephone Number	•
Division of Registratio P.O. Box 6				Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding secutive Center Circle see, FL 32301	
Enclosed is a check □ \$125.00	for the followi Filing Fee	ng amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Harborage Investments	LLC		
(Name of Fore	eign Limited Liability Company; must include "Limited L	liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter al	Iternate name adopted for the purpose of transacting busing	ness in Florida. The alternate na	me must include "Limited
Liability Company " "LC"	" or "LLC.")		
Nevada 2	3.		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	е)
4.	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.)	_
5. 110 Deville Dr Mary E	(See sections 605.0904 & 605.0905, F.S. to determ Esther, FL 32569		_
110 Deville Dr Mary E	(Street Address of Principal Office) sther, FL 32569		
6	sther, FL 32569		- TALL
	(Mailing Address)		7 F CRE - AT
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NOT</u> acce	eptable)	EB 2
Name:	Mark DuRall	<u> </u>	STC O YS
Office Address:	110 Deville Dr		Fig. 3
	Mary Esther	32569 , Florida	ORIG ORIG
	(City)	(Zip code)	$-\frac{1}{2}$ α
designated in this applica to complywith the provisi	egistered agent and to accept service of process for tion, I hereby accept the appointment as registered ions of all statutes relative to the proper and compl my position as registered agent.	l agent and agree to act in t	his capacity. I further agree
	m/ Kh		_
	(Registered agent's signatur	re)	
•	acity and address of the person(s) who has/have auth 10 Deville Dr Mary Esther, FL 32569	nority to manage is/are:	
Luann DuRall, Manager,	110 Deville Dr Mary Esther, FL 32569		
			——————————————————————————————————————
	of existence, no more than 90 days old, duly auther of which it is organized. (If the certificate is in a for ubmitted)		
	My Rh	<u> </u>	
	Signature of an authorized per		_
	d in accordance with section 605.0203 (1) (b), Florid to the Department of State constitutes a third degree f Mark DuRall		

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HARBORAGE INVESTMENTS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 3, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 14, 2017.

BARBARA K. CEGAVSKE Secretary of State

orhana K. Cegarste

Electronic Certificate
Certificate Number: C20170214-1358
You may verify this electronic certificate
online at http://www.nvsos.gov/