

M20000001084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

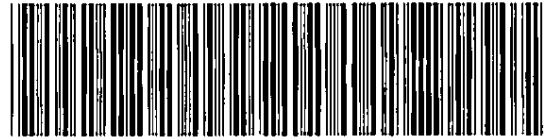
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200339776362

2020 JUN 27 PM 2:02

2020 JUN 27 PM 10:06

5/28/20
1/28/20

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/27/20

NAME: SHORELINE TOWNHOUSE NO. 1, LLC

TYPE OF FILING: APPLICATION

COST: 160.00

RETURN: GOOD STANDING & CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

2/23 JAN 27 PM 10:05

* File Second *

KEVIN M. WHEELER

317 DORRINGTON BOULEVARD
METAIRIE, LOUISIANA 70005-3815

Telephone: (504) 837-3700
Facsimile: (504) 837-3702
Cell Phone: (504) 908-8000
Email: kevinmwheeler@outlook.com

27 January 2020

BY HAND

Registration Section
Division of Corporations
FLORIDA DEPARTMENT OF STATE
The Centre of Tallahassee
2415 North Monroe Street
Suite 810
Tallahassee, Florida 32303

Re: Release of Name: Shoreline Townhouse No. 1, LLC

Gentlemen:

I am the Sole Member and Sole Manager of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), of which the Articles of Organization were filed on January 2, 2020, and assigned Document Number L20000009832.

I am concurrently filing attached the Articles of Dissolution of Shoreline Townhouse No. 1, LLC, (a Florida Limited Liability Company), and authorize, consent, and request that the Florida Department of State, Division of Corporations, **RELEASE THE NAME: Shoreline Townhouse No. 1, LLC** to my Louisiana Limited Liability Company: Shoreline Townhouse No. 1, LLC, (a Louisiana Limited Liability Company), for which I am concomitantly filing the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and so that my Louisiana Limited Liability Company may use that name to become Authorized to Transact Business in Florida.

Should you have any questions, or desire or need any additional documentation, I trust that you will promptly communicate with me by telephone: (504) 908-8000.

With best wishes, and kindest personal regards, I remain,

Respectfully,



Kevin M. Wheeler

KMW/me

2020 JAN 27 PM 10:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shoreline Townhouse No. 1, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kevin M. Wheeler

Name of Person

Firm/Company

317 Dorrington Boulevard

Address

Metairie, Louisiana 70005

City/State and Zip Code key

kevinmwheeler@outlook.com

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

For further information concerning this matter, please call:

Kevin M. Wheeler

Name of Contact Person

at (504)

Area Code

908-8000

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JAN 27 PM 10:06

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Shoreline Townhouse No. 1, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Louisiana (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 317 Dorrington Boulevard (Street Address of Principal Office)

6. 317 Dorrington Boulevard (Mailing Address)

Metairie, Louisiana 70005

Metairie, Louisiana 70005

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Mary Grace Rahm

Office Address: 4100 Legendary Drive, Suite 200

Destin, Florida 32541 (City) (Zip code)

2020 JAN 27 PM 10:06

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Mary Grace Rahm (Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:


| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Kevin M. Wheeler</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: <u>317 Dorrington Blvd.</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | <u>Metairie, LA 70005</u> | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | _____ | <input type="checkbox"/> Authorized Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

2020 JUN 27 PM 10:06

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



 Signature of an authorized person
Kevin M. Wheeler, Sole Member and Sole Manager

 Typed or printed name of signee

UNITED STATES OF AMERICA
State of Louisiana

R. Kyle Ardoin
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

SHORELINE TOWNHOUSE NO. 1, LLC

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on January 24, 2020,

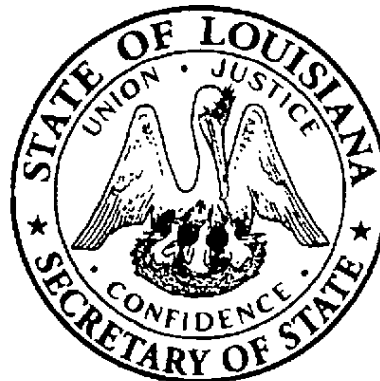
I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

2020 JAN 27 PM 10:06

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 27, 2020



R. Kyle Ardoin

Secretary of State

Certificate ID: 11161872#MJH62

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov