

B040000000403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

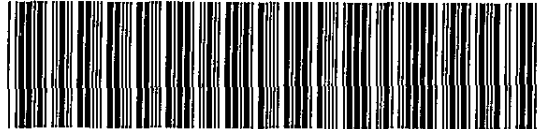
(Document Number)

Certified Copies _____

Certificates of Status _____

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DIVISION OF CORPORATION

04 SEP 20 PM 2:37

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 20 AM 10:18
FILED

Handwritten signature



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

977884

September 20, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Pacific Shoreline Investments, a Limited Partnership

Filing Evidence

- ☒ Plain/Confirmation Copy

☐ Certified Copy

Retrieval Request

- ☐ Photocopy

☐ Certified Copy

Type of Document

- ☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments
☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
04 SEP 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. PACIFIC SHORE LINE INVESTMENTS, A LIMITED PARTNERSH.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. CALIFORNIA 4. MARCH 28, 2003
(State of Formation) (Date of Formation)

5. UCC FILING & SEARCH SERVICES, INC.
(Name of Registered Agent for Service of Process)

6. 526 East Park Avenue
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

AG SM HINE, ASST SEC
(Agent must sign on this line)

8. C/O MICHAEL SPRINGER
601 COEUR D'ALENE "A"
VENICE, CA 90291
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Michael Springer 601 COEUR d'ALENE "A"
VENICE, CA. 90291

10. c/o Michael Springer 601 Coeur d'Alene "A", Venice, CA. 90291
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. C/O MICHAEL SPRINGER
601 COEUR D'ALENE "A"
VENICE, CA 90291

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16TH day of Sept, 2004.

Michael Springer
General Partner

STATE OF CALIFORNIA

COUNTY OF Los Angeles

On this 16TH day of Sept, 2004.

Michael Springer, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Gregory Steven Springer
(Notary Public Signature)

GREGORY STEVEN SPRINGER
(Notary's Printed Name)

Seal

My Commission Expires: 11-24-2007



AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Michael Springer
a general partner of Pacific Shoreline Investments, a (an) Limited Partnership
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ _____.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 16TH day of Sept, 2004.

Michael Springer
General Partner

STATE OF CALIFORNIA
COUNTY OF Los Angeles

On this 16TH day of Sept, 2004,

Michael Springer, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Gregory Steven Springer
(Notary Public Signature)

GREGORY STEVEN SPRINGER
(Notary's Printed Name)

Seal

My Commission Expires: 11-24-2007

