

B09000000050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

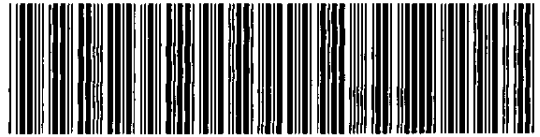
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/06/09--01012--009 \*#1061.25

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09 APR 13 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shoreland Holdings, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Sally Mastropietro

(Contact Person)

Shoreland Holdings, L.P.

(Firm/Company)

P.O. Box 21002

(Address)

Sarasota, Florida 34276

(City, State and Zip Code)

For further information concerning this matter, please call:

Sally Mastropietro at ( 941 ) 925-2812  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees ( \$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2009

SALLY MASTROPIETRO  
P.O. BOX 21002  
SARASOTA, FL 34276

SUBJECT: SHORELAND HOLDINGS, L.P.  
Ref. Number: W09000016214

We have received your document for SHORELAND HOLDINGS, L.P. and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided. Simply adding "of Florida" or "Florida" to the end of an entity name does not constitute a difference.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 809A00011665

# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHORELAND HOLDINGS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2009.

3881636 8300

090315489

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7217933

DATE: 03-30-09

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Shoreland Holdings, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

Shoreland Holdings of Central Florida, L.P.

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. November 15, 2004

(Date of Formation)

4. Mr. Ken Doerr

(Name of Registered Agent for Service of Process)

5. 1990 Main Street, Suite 700

(Florida street address for Registered Agent)

Sarasota , Florida 34236

6. 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.

  
Signature of Registered Agent

7. 1529 Eastbrook Drive

(Principal office address)

Sarasota, FL 34231

8. If limited partnership is a limited liability limited partnership, check box ☐

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TALLAHASSEE FLORIDA

9. PO Box 21002  
(Mailing address)  
Sarasota, Florida 34276

10. Name, principal office address, and mailing address of each general partner:

<u>Sally Mastropietro</u>	<u>1529 Eastbrook Drive</u>
(Name)	(Street Address)
	<u>Sarasota, Florida 34231</u>
	(Mailing Address)
	<u>PO Box 21002</u>
	(Mailing Address)
	<u>Sarasota, Florida 34276</u>

<u></u>	<u></u>
(Name)	(Street Address)

<u></u>	<u></u>
	(Mailing Address)

<u></u>	<u></u>
(Name)	(Street Address)

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	(Mailing Address)

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(Name)	(Street Address)

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	(Mailing Address)

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TALLAHASSEE FLORIDA

_____	_____
(Name)	(Street Address)
	_____
	_____
	(Mailing Address)
	_____
_____	_____
(Name)	(Street Address)
	_____
	_____
	(Mailing Address)
	_____

11. Effective date, if other than the date of filing: \_\_\_\_\_.

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 4th day of April, 20 09.

Signature of a general partner:

*Salvatore Mastropasqua*

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<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>