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(Requestor's Name)
(Address)
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(Address)
(Cit. (Chan 17) - (DL 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
File 2nd
THE OCT

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 594179 4805411
AUTHORIZATION :
COST LIMIT : \$(1,008.75
ORDER DATE : January 17, 2019
ORDER TIME : 8:53 AM
ORDER NO. : 594179-020
CUSTOMER NO: 4805411
FOREIGN FILINGS
NAME: SHORELINE EQUITY PARTNERS FUND, L.P.
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Emily Croft -- EXT# 62925

COVER LETTER

SUBJECT: Shoreline Equity Partners Fund, L.P.	
	nership or Limited Liability Limited Partnership
The enclosed application, certificate of status and fee partnership to transact business in Florida. Please return all correspondence concerning this mat	ees are submitted to register a foreign limited partnership or limited liability limited atter to:
Michael B. Hand	
Contact Person	
Shoreline Equity Partners Fund, L.P.	
Firm/Company	
135 Professional Drive, Suite 104	
Address	
Ponte Vedra Beach, FL 32082	
City, State and Zip Code	
Mike@shorelineequitypartners.com	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, pleas	se call:
Michael B. Hand	904 853 - 5921
Name of Contact Person	at () Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:	
\$1,000.00 Filing Fees \$1,008.75 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing Fees and Certificate of Status	s S1,052.50 Filing Fees S1.061.25 Filing Fee, and Certified Copy Certified Copy, and Certificate of Status
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

TO:

Registration Section Division of Corporations

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

19 JAN 18 AM 1:09

1. Shoreline Equity Partners Fund, 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.

If name unavailabl	e, name under which the limited partn business in Flor	ership or limited liability limited partnership proposes to register to transacida; must contain acceptable suffix.
2. Delaware		'n
S	tate or Country of Formation	Date of Formation
4. Federal Employ	er Identification Number:	
5. Name of Registe	red Agent for Service of Process and	d Florida Street Address:
Corporation Service	e Company	
1201 Hays Street		
Tallahassee, FL 323	301 (Leon County)	
of all statutes rel	ative to the proper and complete performance of the proper and complete performance of the properties	ormance of my duties, and I am familiar with and accept the obligations of mpany Emily Croft ure of Registered Agasst. Vice President
7. Principal Office:		8. Mailing Address:
Shoreline Equity Pa	artners Fund, L.P.	Shoreline Equity Partners Fund, L.P.
135 Professional Dr	rive, Suite 104	135 Professional Drive, Suite 104
Ponte Vedra Beach,	FL 32082	Ponte Vedra Beach, FL 32082
9. If limited partne	ership is a limited liability limited pa	artnership, check box.
	al office address, and mailing addres	
Name of Genera	Shoreline Equity Partners F	und GP Name of General Partner:
Street Address:	135 Professional Drive, Suite 104	Street Address:
	Ponte Vedra Beach, FL 32082	
Mailing Address	135 Professional Drive, Suite 104	Mailing Address
	Ponte Vedra Beach, FL 32082	Mailing Address:
Name of Genera	l Partner:	Name of General Partner:
		Street Address:
Mailian Addan		
Maning Address.		Mailing Address:

19 JAH 18 AH 1:09

Name of General Partner:	Name of General Partner:
Street Address:	Street Address;
Mailing Address:	Mailing Address:
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days Note: If the date inserted in this block does not meet the document's effective date on the Department of State's respective.	applicable statutory filing requirements, this date will not be listed as the
12. Attached is a certificate of existence duly authenticate Florida Department of State, by the Secretary of State or the law of which it is organized.	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 17 day of Janu	20 19
2º	7 1/2 9/2
Sig	nature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHORELINE EQUITY PARTNERS FUND, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORELINE EQUITY PARTNERS FUND, L.P." WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY,

A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

19 JAN 18 AM 1: 09



Authentication: 202107151

Date: 01-18-19