

B19000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

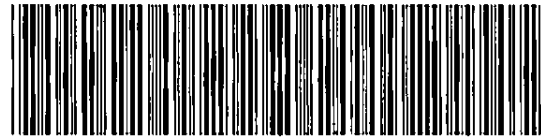
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



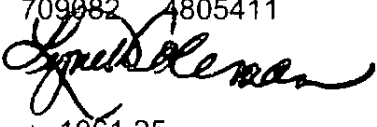
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19 APR -4 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 APR -4 PM 4:28

K SALY  
APR - 5 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 709082 4805411  
AUTHORIZATION :   
COST LIMIT : \$ 1061.25

ORDER DATE : APRIL 4, 2019  
ORDER TIME : 12:50 PM  
ORDER NO. : 709082-015  
CUSTOMER NO: 4805411

FOREIGN FILINGS

NAME: SHORELINE EQUITY PARTNERS FEEDER FUND, L.P.

XX QUALIFICATION (TYPE: LP )

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ROXANNE TURNER EXT 62969

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shoreline Equity Partners Feeder Fund, 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:

Michael B. Hand

\_\_\_\_\_  
Contact Person

Shoreline Equity Partners Feeder 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 report notification)

For further information concerning this matter, please call:

Michael B. Hand

at ( 904 ) 853 - 5921

\_\_\_\_\_  
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<br>(\$965 Filing Fee and<br>\$35 Registered Agent<br>Fee) | <input type="checkbox"/> \$1,008.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,052.50 Filing Fees<br>and Certified Copy | <input checked="" type="checkbox"/> \$1,061.25 Filing Fee,<br>Certified Copy, and<br>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

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

FILED  
19 APR -4 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Shoreline Equity Partners Feeder 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 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. 04/03/2019

Date of Formation

4. Federal Employer Identification Number: [ ]

5. Name of Registered Agent for Service of Process and Florida Street Address:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301 (Leon County)

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.

By: Roxanne Turner  
Corporation Service Company

Asst. Vice President

Signature of Registered Agent

7. Principal Office:

Shoreline Equity Partners Feeder Fund, L.P.

135 Professional Drive, Suite 104

Ponte Vedra Beach, FL 32082

8. Mailing Address:

Shoreline Equity Partners Feeder Fund, L.P.

135 Professional Drive, Suite 104

Ponte Vedra Beach, FL 32082

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

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

Name of General Partner: Shoreline Equity Partners Fund 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

Name of General Partner:

Street Address:

Mailing Address:

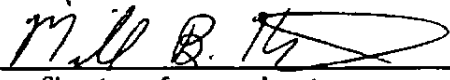
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 after the date this document is filed by the Florida Department of State.)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 22 day of April, 2019

  
\_\_\_\_\_  
Signature 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

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHORELINE EQUITY PARTNERS FEEDER 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 FOURTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORELINE EQUITY PARTNERS FEEDER FUND, L.P." WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2019.

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


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19 APR -4 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7359236 8300

SR# 20192552542

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: 202579707

Date: 04-04-19