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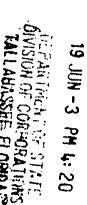
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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D SCOTT

JUN - 5 2019



Resubmit Please give one file date

SOUNT TO SE

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2019

CSC

SUBJECT: SHORELINE GREENS CARRY VEHICLE

Ref. Number: W19000053364

We have received your document for SHORELINE GREENS CARRY VEHICLE 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 registered agent must sign accepting the designation.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 519A00011070

www.sunbiz.org

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

ACCOUNT NO. : 12000000195

REFERENCE : 788740 / 4304990

AUTHORIZATION

COST LIMIT :

ORDER DATE : June 3, 2019

ORDER TIME : 2:44 PM

ORDER NO. : 788740-010

CUSTOMER NO: 4304990

FOREIGN FILINGS

SHORELINE GREENS CARRY VEHICLE NAME:

, LP

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Shoreline Greens Carry Vehicle, I	_P		
Name of Foreign Limited	Partnership or Limite	d Liability Limited Partne	ership
The enclosed application, certificate of status at partnership to transact business in Florida. Please return all correspondence concerning this		to register a foreign limite	ed partnership or limited liability limite
Michael B. Hand			
Contact Person	İ		
Shoreline Greens Carry Vehicle, LP			
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:		1 - W
Michael B. Hand	at (1	222-6541	- > 0
Name of Contact Person		and Daytime Telephone	Number
Enclosed is a check for the following amount:			- 0
\$1,000.00 Filing Fees \$1,008.75 Filing (\$965 Filing Fee and \$35 Registered Agent Fee) \$1,008.75 Filing and Certificate of Status			Filing Fee, Copy, and e of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING AI Registration S Division of Co P. O. Box 632 Tallahassee, F	ection orporations 7	

Tallahassee, FL 32301

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

1 Shoreline Greens Carry Vehicle, LP (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. , Delaware 3. 5/31/2019 State or Country of Formation 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. Corporation Service Company AST VICE President Rixanne Torner Signature of Registered Agent 7. Principal Office: 8. Mailing Address: Shoreline Greens Carry Vehicle, LP Shoreline Greens Carry Vehicle, LP 135 Professional Drive, Suite 104 135 Professional Drive, Suite 104 Ponte Vedra Beach, FL 32082 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: 135 Professional Drive, Suite 104 Street Address: _ Street Address: _ Ponte Vedra Beach, FL 32082 135 Professional Drive, Suite 104 Mailing Address: ___Mailing Address:______ Ponte Vedra Beach, FL 32082 Name of General Partner: Name of General Partner: Street Address: ____ Street Address: ____ Mailing Address: _____ Mailing Address:____

Page 1 of 2

Name of General Partner:	Name of General Partner:			
Street Address:	Street Address:			
Mailing Address:	Mailing Address:			
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's recommendate. 12. Attached is a certificate of existence duly authenticated	ther the date this document is filed by the Florida Department of State.) oplicable statutory filing requirements, this date will not be listed as the ords. Interpolation to the delivery of this application to the ther official having custody of the entity's records in the jurisdiction under			
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: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75			

Page 2 of 2

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SHORELINE GREENS CARRY VEHICLE, LP" 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 THIRD DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORELINE GREENS
CARRY VEHICLE, LP" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D.
2019.

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

Authentication: 202943649

Date: 06-03-19

7424773 8300 SR# 20195182112