

L07000086444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

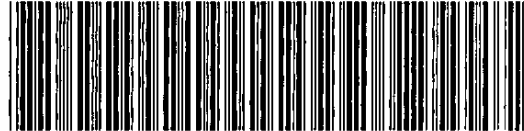
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RECEIVED
07 AUG 23 AM 10:52
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TALLAHASSEE, FLORIDA

FILED
07 AUG 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 067400 7384056

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED
07 AUG 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 23, 2007

ORDER TIME : 9:29 AM

ORDER NO. : 067400-005

CUSTOMER NO: 7384056

DOMESTIC FILING

NAME: SHORELINES WEALTH MANAGEMENT,
LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHORELINES WEALTH MANAGEMENT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

447 Atlantic Blvd., Suite 5A
Atlantic Beach, Florida 32233

Mailing Address:

447 Atlantic Blvd., Suite 5A
Atlantic Beach, Florida 32233

ARTICLE III - Registered Agent, Registered office & Registered Agent's Signature:

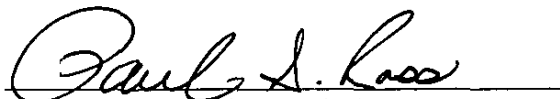
The name and the Florida street address of the Registered agent are:

Paul S. Ross

447 Atlantic Blvd., Suite 5A

Atlantic Beach, Florida 32233

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


Registered Agent's Signature

ARTICLE IV - Manager(s) or Managing Member(s):

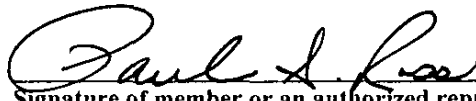
The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

Paul S. Ross
447 Atlantic Blvd., Suite 5A
Atlantic Beach, Florida 32233

A handwritten signature in cursive script, appearing to read "Paul S. Ross", written over a horizontal line.

Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury That the facts stated herein are true.)

Paul S. Ross

Typed or printed name of signee