L07000099086

(Reque	estor's Name)
(Addre	ss)	
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(City/S	tate/Zip/Phoi	ne #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	ame)
(Docur	nent Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Filin	ng Officer:	41475

Office Use Only



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2001 SEP 18 A 11: 42 SECRETARY OF STATE MILAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 23, 2007

JOHN BELMONT 226 GREEN BAY ROAD HIGHWOOD, IL 60040

SUBJECT: SHORELINE CUSTOM HOMES, LLC

Ref. Number: W07000041475

We have received your document for SHORELINE CUSTOM HOMES, TEC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 307A00051086

Division of Cornerations - P.O. ROY 6327, Tallahassaa, Florida 32314

COVER LETTER

`TO:	Registration S Division of Co							
SUBJI	_{ECT:} Shore	line Custom Homes	s, LLC					
		(Name of Limited	d Liability Comp	pany)				
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filir	ıg.				
Please	return all corresp	oondence concerning this matte	r to the followin	g:				
	John Beln	nont						
		(1	Name of Person)					
	Shoreline	Custom Homes, Ll	LC					
		(Firm/Company)					
	226 Gree	nbay Road			:	TALL SEC	2001	
			(Address)		:		SEP	1
	Highwood	I, Illinois 60040				SSEY SEX	8	
		(City,	State and Zip Coo	le)	*	E FL	D	- g 6
For fur	ther information	concerning this matter, please	call:			STATE LORIDA	A II: 42	€±±
Johr	n Belmont		at (847	, 432-05	525			
	(Name	e of Person)	· · · · · · · · · · · · · · · · · · ·	de & Daytime	Telephone Nu	mber)		
Enclos	sed is a check for	or the following amount:						
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co		\$160.00 Certific Certific (addition	cate of ed Cop	Status	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addre tion Section of Corporati Building tecutive Cente	ons er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
9150 Blind Pass Road	226 Greenbay Road
Unit #601	Highwood, IL. 60040
Sarasota, FL. 34242	
_	——————————————————————————————————————
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address John Belmont	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address: John Belmont 9150 Blind Pa	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another as of the registered agent are: Name Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address: John Belmont 9150 Blind Pa	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another soft the registered agent are: Name SSROAD Unit 601 street address (P.O. Box NOT acceptable)

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, F.S..

Registered Agent's Signature (REQUIRED)

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:	
"MGR" = Manager		
"MGRM" = Managing Member		
'MGRM"	John Belmont	
	371 Ravine Park Drive	
	Lake Forest, Illinois 60045	
"MGR"	Mary Belmont	
	371 Ravine Park Drive	
	Lake Forest, Illinois 60045	
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	-LA	
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(Use attachment if necessary)	- C S	~}
•	RR III	r di

ARTICLE V: Effective date, if other than the date of filing: Septeber 11th, 2007 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a 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.)

John Belmont

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)