# L01000116829

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
(Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
(Address)  (City/State/Zip/Phone #)  PICK-UP  WAIT  MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Business Eller, Harris)
· ·
(Document Number)
Certified Copies Certificates of Status
1
Special Instructions to Filing Officer:
LS
1,000

Office Use Only



600111630316

11/05/07--01019--021 \*\*150.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Shore Ine Developers of Florida, LCC (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Charles S. Liberis  (Contact Person)  Liberis + Associates P.A.  (Firm/Company)  HDS Polofox Places Similer 5700
Posacola FI 32502
(City, State and Zip Code)
For further information concerning this matter, please call: $ \begin{array}{ccccccccccccccccccccccccccccccccccc$
(Name of Contact Person) at (\$50) 730 167 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
▼\$150.00 Filing Fees  \$155.00 Filing Fees  \$180.00
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



November 7, 2007

CHARLES S. LIBERIS LIBERIS & ASSOCIATES, P.A. 405 PALAFOX PLACE, STE. 500 PENSACOLA, FL 32502

SUBJECT: SHORELINE DEVELOPERS OF FLORIDA, LLC

Ref. Number: W07000055031

We have received your document for SHORELINE DEVELOPERS OF FLORIDA, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

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) 245-6967.

Letter Number: 907A00064853

Leslie Sellers Regulatory Specialist II

#### **Certificate of Conversion**

For

## "Other Business Entity"

Into

## Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

Page 1 of 2

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this
document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
Signed this 15th day of October 2007.
Signature of Authorized Person:
Printed Name: Charles S Libers Title: Previde

# Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00 \$30.00 (Optional) \$5.00 (Optional)

Certified Copy: Certificate of Status:

Page 2 of 2

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

A	$R^{\gamma}$	rici	i _ 1	Na	me

The name of the Limited Liability Company is:

SHORELINE DEVELOPERS OF FLORIDA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

Principal Office Address:

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

Mailing Address:

40 S. PALAFOX PLACE	405. PALAFOX PLACE
SUITE 500	SUITE 500
PENSACOLA FL 32502	PENSACOLA FL 32502

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

HARCES S. LIBERIS

Name

40 S. PALA FOX PLACE, SUITE 500

Florida street address (P.O. Box NOT acceptable)

PENSACOLA FL 32502

City, State, and Zip

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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 2007 NOV 16 PH 3: 59

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM	CHARLES S. LIBERIS 405. PALAFOX PLACE, SUIT PENSACOLA, FL 32502
(Use attachment if necessary)	
	400000
	date of filing: (OPTIO) e specific and cannot be more than five business of

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.)

ES S. LIBERIS
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)