

L14000030034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

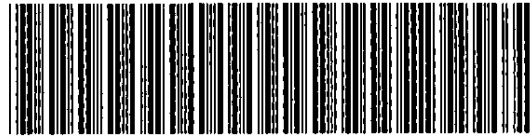
(Business Entity Name)

(Document Number)

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

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02/21/14--01001--014 \*\*155.00

10:00 AM  
FEB 20 2014  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 FEB 20 10:40:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 FEB 20 AM 11:28

FILED

T. Burch FEB 20 2014

*[Handwritten signature]*

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:** Kim Weidenbach

**DATE:** 02/20/14

**REF. #:**

**CORP. NAME:** SHORELINE EDGEWATER LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 10000 581 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
SHORELINE EDGEWATER LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is Shoreline Edgewater LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 19111 Collins Avenue, Suite 2606, Sunny Isles Beach, Florida 33160.

ARTICLE III - Registered Agent and Office

The street address of the Company's initial registered office is 1200 South Pine Island Road, Plantation, Florida, 33324, and the name of its initial registered agent at such office is NRAI Services, Inc.

ARTICLE IV - Management

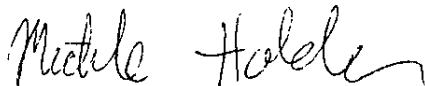
The Company is to be managed by one or more managers and is therefore a manager-managed company. The manager shall be Edgewater Miami, LLC, with an address at 19111 Collins Avenue, Suite 2606, Sunny Isles Beach, Florida 33160.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 20<sup>th</sup> day of February, 2014.

  
\_\_\_\_\_  
Wilma J. Whitted, Authorized Signor

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 605. Dated this 20<sup>th</sup> day of February, 2014.

  
\_\_\_\_\_  
NRAI Services, Inc.  
Registered Agent  
Michele Holden, Asst Sect