

L15000103326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

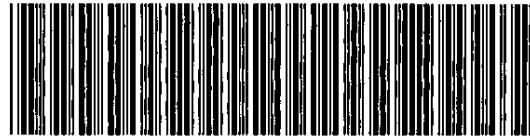
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN -1 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 16 2015

Y SULKER

WHS-30079

4/29/15

Y.S



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2015

B CHARLES SELLARI

580 VILLAGE BLVD., SUITE 110
WEST PALM BEACH, FL 33409

SUBJECT: SHOREHAVEN 2, LLC
Ref. Number: W15000030079

We have received your document for SHOREHAVEN 2, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 015A0000872

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shorehaven 2, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

B. Charles Sellari

Name of Person

Divine, Blalock, Martin and Sellari, LLC

Firm/Company

580 Village Blvd., Suite 110

Address

West Palm Beach, FL 33409

City/State and Zip Code

csellari@dbmscpa.com

E-mail address: (to be used for future annual report notification)

B. Charles Sellari

Name of Person

Divine, Blalock, Martin and Sellari, LLC

Firm/Company

580 Village Blvd., Suite 110

Address

West Palm Beach, FL 33409

City/State and Zip Code

csellari@dbmscpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. Charles Sellari

Name of Person

at (561) 686-1110

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional conv is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Conv

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shorehaven 2, LLC

(Must end with the words "Limited 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 is:

Principal Office Address:

205 Worth Ave.

Suite 201

Palm Beach, FL 33480

Mailing Address:

205 Worth Ave.

Suite 201

Palm Beach, FL 33480

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:

B. Charles Sellari

Name

580 Village Blvd., Suite 110

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

West Palm Beach

City

FL 33409

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 605, F.S.

B. Charles Sellari

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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PALM BEACH COUNTY, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X 

Signature of a member or an authorized representative of a member.

(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.

I am aware that any 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.)

X MIGUEL A. PEREZ

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)

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TALLAHASSEE, FLORIDA