

L23006033830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

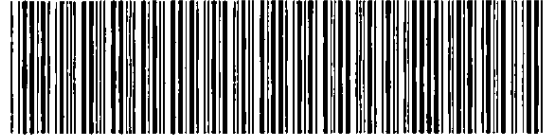
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Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JAN 25 2023

2023 JAN 25 10:00 AM
S. CHATHAM

©

2023 JAN 25 10:00 AM
S. CHATHAM

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ \$155.00

AUTHORIZATION: _____

Shoreline Health, LLC

Business Name

Document Number, (if known):

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait ___ Photocopy

X **Certified Copy of Articles of Organization**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

X **Limited Liability**

___ Domestication

___ Other

___ **CORP**

___ **PLLC**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Revocation of Dissolution

___ Merger

___ **Conversion**

___ **Amended and restated Articles**

___ **Statement of Authority**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ **APOSTIL()** ___
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Shoreline Health, 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:

Stuart Morris, Esq.
Name of Person

Cozen O'Connor
Firm/Company

1801 N Military Trail Suite 200
Address

Boca Raton, FL 33431
City/State and Zip Code

ecompliance@cozen.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sohaira Lopez 561 750-3850
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shoreline Health, LLC

(Must contain 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:

Mailing Address:

113 Valencia Blvd.

Jupiter, FL 33458

113 Valencia Blvd.

Jupiter, FL 33458

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:

Corporation Service Company

Name

1201 Hayes Street

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

Tallahassee

FL

32301

City

State

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.

Elizabeth R. Konieczny

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
DIVISION OF
CORPORATION
2007
JAN 20 2007

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:

MGR

Sharon Foldes

113 Valencia Blvd

Jupiter, FL 33458

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
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.

Ryan Chusid, Esq. as authorized representative

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)