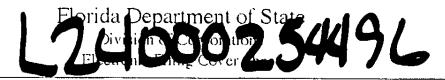
To: 18506176381 From: 12147128131 Date: 06/05/24 Time: 9:02 PM Page: 01/03

5/5/24 2 00 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000198288 3)))



H24000198288348C9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Phone Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			
LINGIL	Muuless.			

FLORIDA LIMITED LIABILITY CO. SHORELINE PLAYHOUSE, LLC

Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge \$155.00

2/7/24

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 12147128131 Date: 06/05/24 Time: 9:02 PM Page: 02/03

(((H24000198288 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SHORELINE PLAYHOUSE, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS OF THE LIMITED LIABILITY COMPANY IS:

4478 JACONA DRIVE HERNANDO BEACH, FLORIDA 34607

THE MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

320 15TH AVENUE NE ST. PETERSBURG, FLORIDA 33704

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

ZACHARY MURPHY 320 15TH AVENUE NE ST. PETERSBURG, FLORIDA 33704

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, FLORIDA STATUTES.

DATED: 6/5/24	X you I'VO
	ZACHARY MURPHY

(((H24000198288 3)))

ARTICLE IV - MANAGEMENT AND MEMBERS

THE NAME AND ADDRESS OF EACH MANAGER, MANAGING MEMBER, OR MEMBER IS AS FOLLOWS:

MANAGERS/MEMBERS:

ZACHARY MURPHY 320 15TH AVENUE NE

ST. PETERSBURG, FLORIDA 33704

ZACHARY MURPH

IN ACCORDANCE WITH SECTION 605. (208(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.