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| (Re | equestor's Name) | |
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| (Ac | dress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | : |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Registration Section

| Division of Corporations | | |
|--|--|--|
| SUBJECT: _ Shoreline Restoration Service | ces, LLC | |
| | ted Liability Company) | |
| The enclosed "Application by Foreign Limited Lial Florida," Certificate of Existence, and check are su liability company to transact business in Florida | | |
| Please return all correspondence concerning this m | atter to the following: | |
| John L. Jernigan, III | | |
| T T | me of Person) | |
| | | |
| John L. Jernigan, III, P.C. | • | |
| | m/Company) | |
| | | |
| P.O. Box 828 | | |
| | (Address) | |
| | | |
| Brewton, AL 36427 | | |
| (City/Sta | ate and Zip Code) | |
| For further information concerning this matter, ple | ase call: | |
| | / 050 \ 074_3199 | |
| Edgar Marshall (Name of Person) | at (850) 974-2188 (Area Code & Daytime Telephone Number) | |
| (************************************** | · · | |
| MAILING ADDRESS: | STREET ADDRESS: | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$\square \\$130.00 Filing Fee & Certificate of | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T | TUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN |
|---|---|
| | ± 5. 6. 1 |
| 1. Shoreline Restoration Services, LLC (Name of Foreign Limit | |
| (Name of Poletga Limit | |
| 2 Alabama | 3. 20-5388480 |
| (Jurisdiction under the law of which foreign limited liability company is organized) | ity (FEI number, if applicable) |
| | |
| 4. August 17, 2006 | 5. Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6 1 IF 2006 | 7 |
| 6. November 15, 2006 (Date first transacted business in | n Florida, if prior to registration.) |
| (See sections 608.501 & 608.502 | F.S. to determine penalty liability) |
| 7. 217 Belleville Avenue, Suite A-2 | |
| | |
| Brewton, AL 36426 | |
| (Street Addi | ress of Principal Office) |
| 8. If limited liability company is a manager-mana | ged company, check here 🔣 |
| 9. The name and usual business addresses of the n | nanaging members or managers are as follows: |
| John L. Jernigan, III, 217 Bellevil | le Avenue, Berwton, AL 36426; Joe F. Gordy, |
| 217 Belleville AVenue, Suite E, Brev | wton, AL 36426; Edgar Marshall, P.O. Box |
| 3531 Owens Road, Pine Apple, AL 3670 10. Attached is an original certificate of existence, no more than | s, P.O. Box 1440, Brewton, AL 36427; Keith Wall, 68; Dale Thompson, 107 Lakewood Drive, Eyergreen, 690 days old, duly authenticated by the official having custody of records in occupy is not acceptable. If the certificate is in a foreign language, a submitted.) |
| 11. Nature of business or purposes to be conducte | d or promoted in Florida: Planting and growing |
| sea oats and other native beach plan | nts. |
| Signature of a member or ar (In accordance with section 608, 408) | authorized representative of a member. 3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.) |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name | of the Limited Liability | Company is: | | | |
|--|--|---|---|--|--------------------|
| Shoreline | Restoration Servi | ces, LLC | | | |
| 2. The name | and the Florida street ac | ddress of the registere | ed agent and offic | e are: | |
| | Samantha Hanks | | , | | |
| | | (Name) | | | |
| | 8301 Old Floma | ton Road | | | |
| | Florida St | reet Address (P.O. Box 1 | OT ACCEPTABLE) | ÷ | • |
| | Century | FL | 32535 | | |
| | | City/State/Z | ip | | |
| liability compagent and agr relating to the | named as registered age any at the place designa- ree to act in this capacity proper and complete pe my position as registere (Signature) | nted in this certificate, v. I further agree to co erformance of my dutic | I hereby accept th amply with the pro es, and I am famili | e appointment as i visions of all statu iar with and accep | registerea ıtes |

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent

Nancy L. Worley Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Nancy L. Worley, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporate records on file in this office disclose that Shoreline Restoration Services, L.L.C. organized in the office of the Judge of Probate of Escambia County on August 17, 2006. I further certify that the records do not disclose that said Shoreline Restoration Services, L.L.C. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

December 29, 2006

Date

Trancy of Aberley.

Nancy L. Worley

Secretary of State