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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registr Divisio	ration Section on of Corporations	1987	/	. yay ra-mi aa iy aas o isaa ka ilaa madan ceas samas	
SUBJECT: _	Shoreline (Nam				
Florida," Certi	'Application by Foreign Lin ficate of Existence, and che any to transact business in F	ck are submitte			
Please return a	all correspondence concerni	ng this matter t	o the following		
	Sus	an K. Si	inter		
		(Name of	Person)		· .
		•	´ ' ;		
•		(Firm/Co	npany) "		_
	249 Lansi	ng Islan	nd Drive	2	
•		(Addr	ess)		
	Indian Har	bourBea	ch, FL	32937	
•		(City/State and	d Zip Code)		_
For further inf	formation concerning this m	atter, please ca	11:		
Su	San Sunter (Name of Person)	at (321	773-7091	
	(Name of Person)	(Area Code & D	aytime Telephone Nu	mber)
	ING ADDRESS:		REET ADDRE		
	on of Corporations ox 6327		sion of Corpor ton Building	ations	
	assee, FL 32314	266	Executive Ce ahassee, FL 32		
	check for the following amo .00 Filing Fee \$130.00 File Ce		155.00 Filing Fee Certified		ee, Certificate s & Certified Copy

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

·	reline	Property imited Liability Con	Group.	LLC.				
(Name of	Foreign L	imited Liability Co	mpany; must includ	e 'Limited Lia	bility Compa	ny," "L.L.C.," c	or "LLC.")	
£		alternate name ado	mtod Con the mymneg	af transporting	husings in I	Zlarida and attac	h a comu of	tho.
onsent of the ma	anagers or	managing members	s adopting the altern	ate name. The	alternate nan	ne must include	"Limited Li	iabili
ompany," "L.L	.C.," "LLC	2.")						
· 	Neva	da_ aw of which foreign	3.			10 11 11		
company is or	nder the la ganized)	iw of which foreign	limited liability		(FEI numbe	r, if applicable)	
	6/29	5/07 Organization)	5		Perpeti	va l		
	(Date of (Organization)		(Duration: exist or "pe	Year limited 1	iability compan	y will cease	to
				•	•			
·	<u> </u>	(Date first transac (See sections 608.5	ted business in Flor	rida, if prior to	registration.)			0
	((See sections 608.5	01 & 608,502 F.S. (to determine po	enalty liability	/)	2	V.
. <u>NCH</u>	101	Convention Vegas,	n Center	Drive	Ste	700		<u> </u>
ŕ	120	Vesas	Navada	8910	9		1	9
 			(Street Address o	f Principal Off	ice)		1-3	1. J
If limited I	iahility c	company is a mai	naoer-manaoed (company ch	eck here	1	말	-
							5	12
. The name a	and usua	d business addres	sses of the mana	ging membe	rs or manag	gers are as fol	llows: చ	
Susan	Sun	ter						r.
			C Dame		• • • • • • • • • • • • • • • • • • • •			
249	ansin	ng Island	Drive					
India	n Ha	rbour Bea	ich, FL.	32937				
			•					
		pertificate of existence w of which it is organ						
•		under oath of the tran	` * *		ic i izcai	iculo Biri a forci	en mienee	, u
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1. Nature of		meral Ruc	iness / k	Ceal Est	nte H	lding		
1. Nature of	<u> </u>	TOTAL PIS	^ /			<i>y</i>		
1. Nature of	<u> </u>	Sugar.	14 Sunt	21				
1. Nature of		Pheral Busa Signature of a m						
1. Nature of		Signature of a m	nember or an aut	horized repr	esentative of this docume	of a member.		

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.

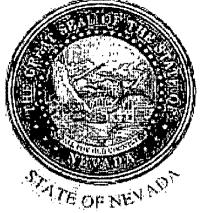
1. The name of the Limited Liab	oility Company is:		
Shoreline Propo	erty Group, c	LLC	
If name unavailable, the alternate	e name to be used in the	state of Florida is:	
2. The name and the Florida stre	eet address of the register	red agent and office are:	
Sus	san Sunter		_
	(Name)		-
249	Lansing Islan	d Drive	_
Flori	da Street Address (P.O. Box	NOT ACCEPTABLE)	-
Indian Hari	bour Beach FL	32937	_
	City/State/2	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 608, Florida Statutes.

Susan Sunte

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, SHORELINE PROPERTY GROUP, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 25, 2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 25, 2007.

> **ROSS MILLER** Secretary of State

Ву

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