12000000919

(Requestor's Name) (Address) (Address)	100219221651
(City/State/Zip/Phone #)	02/29/1201002015 **777.50
PICK-UP WAIT MAIL (Business Entity Name)	02/06/1201013023 **125.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	·
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Office Use Only

B. KOHR
FEB 29 2012
EXAMINER



February 8, 2012

KAREN K. SENFT SHIRLYE PARTNERS, LLC 839 BYRNWYCK ROAD ATLANTA, GA 30319

SUBJECT: SHIRLYE PARTNERS, LLC

Ref. Number: W12000007703

We have received your document for SHIRLYE PARTNERS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The application you sent indicates that SHIRLYE PARTNERS, LLC has been transacting business in Florida since October 1, 2010.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 612A00005554

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Shirlye Partners, LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce Existence, and check are submitted to register the above referenced foreign limited liability company to transact business	
Please return all correspondence concerning this matter to the following:	
Karen K Senft Name of Person	
Shirlye Partners, LLC	
839 Byrnwyck Rd Address	2.36
Atlanta, GA 30319 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Karen Senft at (404) 250 - 0221 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \sum_{130.00}\$ \text{Filing Fee & Certificate of Status} \sum_{Certificate of Status} \sum_{Certified Copy} \sum_{S155.00}\$ \text{Filing Fee & Certified Copy} \sum_{S160.00}\$ \text{Filing Fee, Certificate of Status & Certified Copy}	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Shirly Partners 110
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. FIN# 27-3596085 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. October 1, 2010 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. October 1, 2010 (Date first fransacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 839 Byrnwyck Rd
Atlanta, GA 30319 (Street Address of Principal Office)
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Karen Senft 839 Byrn wyck Rd Atlanta, GA 30319
Karen Senft 839 Byrn wyck Rd Atlanta, GA 30319 Jeff Kaufman 12 Beck St. Atlanta, GA 30318
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Warehouse Rental
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., 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.)
Typed or printed name of signee
· A kar ov kyrman vinna a racona

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 Liabi	lity Company is:	
Shirlye Partners, LLC		•
If unavailable, the alternate to be	used in the state of Florida is:	
2. The name and the Florida stree	t address of the registered agent and office are:	
C T Corporation Syst	· . em	
	(Name)	
1200 South Pine Islan	I Road	
Florida	Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FL 33324	•
	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 608, Florida Statutes.

C T Corporation System

By Lewell (Signature)

Ternell Kearnev Asst. Secretary

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SHIRLYE PARTNERS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SECOND DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4879545 8300

120117030

peffrey W. Bullock, Secretary of State

AUTHENTICATION: 9339219

DATE: 02-02-12

You may verify this certificate online at corp.delaware.gov/authver.shtml