

Division of Corporations

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**M15000000271**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6333

From:

Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 343-6962

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

Email Address: brian.fischer@lakeandwetland.com

Foreign Limited Liability Company  
SHORESIX SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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January 9, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GREENSPOON MARDER P.A.

SUBJECT: SHORESUX SYSTEMS, LLC  
REF: W15000001590

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L14000019406.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 605-1605.

Tim B. H. Bush  
Regulatory Specialist II

FAX Aud. #: H15000006558  
Letter Number: 815A00000438

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P.O BOX 6327 - Tallahassee, Florida 32314

**SHORESUX SYSTEMS, LLC  
100 E. LINTON BLVD.  
SUITE 500B  
DELRAY BEACH, FLORIDA**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: SHORESUX SYSTEMS, LLC  
Ref: W15000001595  
Date: January 9, 2014

To Whom It May Concern:

Please be advised that ShoreSux Systems, LLC, a Florida limited liability company, dissolved as of January 7, 2015, does hereby consent and hereby authorize the use and registration of the Delaware entity with the same name as follows:

**SHORESUX SYSTEMS, LLC**

Sincerely,

SHORESUX SYSTEMS, LLC

By:   
Brian Fischer, Manager

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **SHORESUX SYSTEMS, LLC**

(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4. **1/2/2014**

(Date first transacted business in Florida, (if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **100 E. Linton Blvd. Suite 500B**

**Delray Beach, Florida 33483**

(Street Address of Principal Office)

6.

(Mailing Address)

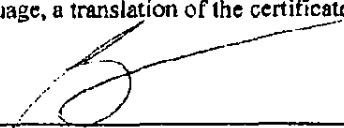
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Daniel Schaaf, Manager, 100 E. Linton Blvd., Delray Beach, Florida 33483**

**Stuart Fischer, Manager, 100 E. Linton Blvd., Delray Beach, Florida 33483**

**Brian Fischer, Manager, 100 E. Linton Blvd., Delray Beach, Florida 33483**

8. 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)

  
Signature of an authorized person

(In accordance with section 605.0203, 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.)

**Brian Fischer, Manager**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JAN 12 PM 4:49

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

**SHORESUX SYSTEMS LLC**

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**Greenspoon Marder, P.A.**

(Name)

**200 E. Broward Blvd, Suite 1800**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Fort Lauderdale**

**FL 33301**

City/State/Zip

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*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.*



(Signature)

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

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHORESIX SYSTEMS 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 JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORESIX SYSTEMS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2010.

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


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TALLAHASSEE, FLORIDA

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2003420

DATE: 01-02-15