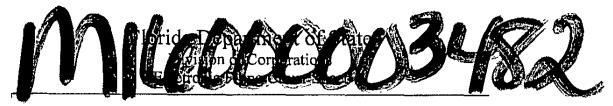
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(((H16000104475 3)))



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Division of Corporations

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From:

Account Name : ARNSTEIN & LEHR LLP

Account Number : I20060000021 : (561)833-9800 Phone Fax Number : (561)655-5551

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Foreign Limited Liability Company SHORES UNITED, LLC

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April 28, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

ARNSTEIN & LEER LLP

SUBJECT: SHORES UNITED, LLC

REF: W16000031463

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

You must insert the title or capacity of person(s) suthorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000104475 Letter Number: 216A00008802

P.O BOX 6327 - Tallahassec, Florida 32314



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

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

SHORES UNITED, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC,")			
(If name unavailable, enter alternat	e name adopted for the purpose of transacting busine	ess in Florida. The afternate name must	t include "Limited Liability Company,"
"L.L.C.," "LLC.")			
Delaware	3		
(Jurisdiction under the law of which	o foreign limited liability company is	(FEI number, if a	onlicable)
organized)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Upon qualification			
Opon quanneation	(Date first transacted business in Flor		
	(See sections 605.0904 & 605.0905 F.S.	to determine penalty liability)	
·	c/o Hall Stree		
	2329 Nostrand Avenue, FL 3, (Street Address of Prin		
	(Sheat Admess of Pili	ktipat Office)	
,	c/o Hall Stree		
	2329 Nostrand Avenue, FL 3,		
	(Mailing Add	ress)	
27			-
Name and street address of	Florida registered agent: (P.O. Box NOT a	cceptable)	
Name: Kevin S.	Grossfeld, Esq.		- 1 3 F
	h Biscayne Boulevard, Suite 3600		
	Florida 33131		3 7
TVIIditii, I	7011da 55151		Trie To
Registered agent's acceptance	.		
Having been named as registe	ered agent and to accept service of process for	or the above stated limited liabilit	y company at the place
	. I hereby accept the appointment as registe.		
	all statutes relating to the proper and compl	ete performance of my duties, and	d I am familiar Tylth and ge vept
the obligations of my position	as registered agent.	m	7.0
	Registered\agent'.	5 signatura	
	Registerediagent	s signature	
. The name, title or capacity a	and address of the person(s) who has/have	authority to manage is/are:	
Eli o all'il coo cal i	1000 N		
Ellezer Gottlieb, 380 3th Av	/c #900, New York, NY 10036, Manag	er	
		The second secon	
	!	wthenticated by the official havi	
jurisdiction under the law of	f which it is organized. (If the certificate is	s in a foreign language, a transla	ition of the certificate under
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jurisdiction under the law of	f which it is organized. (If the certificate is	s in a foreign language, a translı	ition of the certificate under
jurisdiction under the law of	f which it is organized. (If the certificate is submitted.)	m	ation of the certificate under
jurisdiction under the law of oath of the translator must b	f which it is organized. (If the certificate is submitted.) Signature of an auth	orized person	
jurisdiction under the law of oath of the translator must b (In accordance with section	f which it is organized. (If the certificate is submitted.) Signature of an auth 605,0203, F.S., the execution of this doc	orized person ument constitutes an affirmation	n under the penalties of perjury
jurisdiction under the law of oath of the translator must b (In accordance with section that the facts stated herein	f which it is organized. (If the certificate is submitted.) Signature of an auth	orized person ument constitutes an affirmation	n under the penalties of perjury
jurisdiction under the law of oath of the translator must b (In accordance with section that the facts stated herein	which it is organized. (If the certificate is submitted.) Signature of an auth 605.0203, F.S., the execution of this docare true. I am aware that any false info	orized person ument constitutes an affirmation primation submitted in a document	n under the penalties of perjury

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SHORES UNITED, 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 TWENTY-SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORES UNITED, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2016.

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

5989647 8300 SR# 20162605228

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

Authentication: 202218879

Date: 04-27-16