(Reques	tor's Name)				
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PICK-UP	WAIT	MAIL			
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(Dualife:	55 Chaty Name	,			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

CHRISTOPHER SUAREZ 14845 SW 88 AVE MIAMI, FL 33176

SUBJECT: PINE SHORE CAPITAL MANAGEMENT, LLC

Ref. Number: W16000078599

We have received your document for PINE SHORE CAPITAL MANAGEMENT; LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Octavia I Simmons Regulatory Specialist II 2016 DEC -8 PM 1: 25

www.sunbiz.org

Letter Number: 816A00025063

COVER LETTER

SUBJECT:	Pine Shore Capital Man						
Name of Limited Liability Company							
				n to Transact Business in Florida," C liability company to transact busines			
Please return	all correspondence con	cerning this matter to the	following:				
	Christopher Suare	z					
	· · · · · · · · · · · · · · · · · · ·	Na	ame of Person				
	Pine Shore Capital	Management, LLC					
	Firm/Company						
	14845 SW 88 Ave						
	Address						
	Miami, FL 33176						
		City/St	ate and Zip Code				
	csuarez@fedstorage						
	F	E-mail address: (to be used	for future annual rep	port notification)			
For further in	formation concerning the	his matter, please call:					
Chri	s Suarez		786 :	216-8769			
	Name of (Contact Person	Area Code	Daytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		D Re Cl 26	ivision of Corporations egistration Section lifton Building 661 Executive Center Circle allahassee, FL 32301				
	check for the following	amount.					
		\$130.00 Filing Fee &	□ \$155.00 Filing F	Fee & \$\Bigsim \$160.00 Filing Fee, Cert	tificate		

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:

1. Pine Shore Capital Man (Name of Fore		Company; must include "Li	mited Liability Company," "L.L.C.," or "I	LLC.")
•	,		·····, ····, ····, ····, ····, ····, ····, ····, ····, ····, ····	,
Liability Company," "L.L.C,"		for the purpose of transacting	ng business in Florida. The alternate name	must include "Limited
2. Delaware		3		
(Jurisdiction under the law company is organized)	of which foreign limi	ted liability	(FEI number, if applicable)	
4	(Date first tr	ansacted business in Florida,	if prior to registration.)	
5. 3350 SW 148th Avenue	e Suite 110	05.0904 & 605.0905, F.S. to	determine penalty hability)	
Miramar, FL 33027				16
	(Stre	eet Address of Principal Offi	ce)	三品 二
6. 14845 SW 88 Ave				Sign of Time
Palmetto Bay, FL 3317				16 DEC -8 PH 4: 04 DIVISION OF ROSE OF ATTOM
		(Mailing Address)		
7. Name and street address	_		T acceptable)	# O
Name:	Christopher Suare	ez		
Office Address:	14845 SW 88 Ave			
	Palmetto Bay		, Florida 33176 (Zip code)	
Registered agent's accept	tanaa.	(City)	(Zip code)	
designated in this applicat	tion, I hereby acce _l ons of all statutes r	pt the appointment as reg elative to the proper and	ess for the above stated limited liabili istered agent and agree to act in this complete performance of my duties, a	capacity. I further agree
		(Registered agent's	signature)	
8. The name, title or capa Christopher Suarez	city and address of	the person(s) who has/ha	ve authority to manage is/are:	
Managing Member				
14845 SW 88 Ave, Palmet	tto Bay, FL 33176			
	of which it is organ		authenticated by the official having cun a foreign language, a translation of t	
	the Department of		Florida Statutes. I am aware that any egree felony as provided for in s.817.1	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PINE SHORE CAPITAL MANAGEMENT, 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 FIFTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PINE SHORE CAPITAL MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2016.

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

Authentication: 203446316

Date: 12-05-16