1119000000699

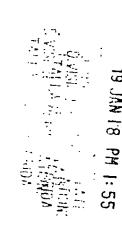
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Sta	atus				
Special Instructions to Filing Officer:					

Office Use Only



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19 JAN 18 AH 1:00



K SALY JAN 2 ? III CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 594179 4805411

AUTHORIZATION : Commelling

COST LIMIT : \$ 13.0.00

ORDER DATE: January 17, 2019

ORDER TIME : 8:52 AM

ORDER NO. : 594179-015

CUSTOMER NO: 4805411

FOREIGN FILINGS

NAME: SHORELINE EQUITY PARTNERS FUND

GP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

COVER LETTER

	Registration Section Division of Corporation	ons				
SUBJEC	Shoreline Equity P	artners Fund GP, LLC				
			of Limited Liability	Company	···	
The encle Existence	osed "Application by Fo e, and check are submitt	oreign Limited Liability Cored to register the above refe	mpany for Authoriza erenced foreign limi	ation to Tr ted liabilit	ansact Business in Florida," Cer y company to transact business	tificate of in Florida.
Please re	turn all correspondence	concerning this matter to the	he following:			
	Michael B. Ha	and				
			Name of Person			
	Shoreline Equity Partners Fund GP, LLC					
	Firm/Company					
	135 Professional Drive, Suite 104					
			Address		* ***	
	Ponte Vedra Beach, FL 32082					
		City	/State and Zip Code			
	mike@shoreline	eequitypartners.com				
		E-mail address: (to be us	sed for future annual	report no	tification)	
For furth	er information concerni	ng this matter, please call:				
	Michael B. Hand		904 at (853 - 5	921	
•	Name	of Contact Person	Area Code	Day	time Telephone Number	
; !	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section cuilding ecutive Center Circle see, FL 32301	
	is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate Status & Certified Copy	cate

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:

ì.	Shoreline Equity Partr	ers Fund GP, LLC					
	(Name of Foreign	Limited Liability Company; must include "Lir	mited Liability Company," "L.L.C.," or "LLC.	")			
(16)	name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The Alexander				
2	Delaware	and the property of the second	records. The acceptance fixthe must mechale "Limited Li	iability Company," "L.L.C." or "LLC.")			
÷.,		hich foreign homed liability company is organized)	3(FEI nur	nber, if applicable)			
			,	, and the second of			
4.		(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete	ur to registration.				
_	Shoreline Faulty David						
5. Shoreline Equity Partners Fund GP, LLC (Street Address of Principal Office)			6. Shoreline Equity Partners Fund GP, LLC (Mailing Address)				
135 Professional Drive, Suite 104 Ponte Vedra Beach, FL 32082		135 Professional Drive, Suite 104					
		Ponte Vedra Beach, FL 32					
							
7.	Name and street addres	ss of Florida registered agent: (P.O. B	OX NOT acceptable)	;			
		Corporation Service Company	on <u>1.0.1</u> acceptancy	- 三二二			
	Name:	Corporation Service Company					
	Office Address:	1201 Hays Street		1: 00			
		Tallahassee	22201				
		(City)	, Florida 32301 (Zip cox				
	gistered agent's accep	tance: gistered agent and to accept service of	•	•			
0	comply with the provisi	tion, I hereby accept the appointment ons of all statutes relative to the prop s of my position as registered agent.	er and complete performance of my	duties, and I am familiar with			
		By: Corporation Service Com	7 7 4	t			
		(Cognitioned agent	Asst. Vice Presi	dent			
8.	The name, title or capa	city and address of the person(s) who		4 0111			
	Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:			
	Managing Member	Michael B. Hand	Managing Member	Peter Franz			
		135 Professional Drive. Sui Ponte Vedra Beach. FL 320		135 Professional Drive. Suite Ponte Vedra Beach. FL 3208.			
							
U	se attachments if necess	sary)					
). A	Attached is a certificate	of existence, no more than 90 days old	duly authenticated by the official ba	wing gustady of society in the			
uri	sdiction under the law on the translator must be su	of which it is organized. (If the certific	ate is in a foreign language, a translat	ion of the certificate under oath			
		·					
0. ub	This document is execumited in a document to	ated in accordance with section 605.02 the Department of State constitutes, a t	03 (1) (b), Florida Statutes. I am awar third degree felony as provided for in	e that any false information s.817.155, F.S.			
		Mull 1h					
		Signatu	are of an authorized person				
		Michael D. Hand					
		Michael B. Hand	or printed turne of signee	***			
		rypeu	himsen incine at siPhere				



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

DELAWARE, DO HEREBY CERTIFY "SHORELINE EQUITY PARTNERS FUND GP,

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 EIGHTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORELINE EQUITY

PARTNERS FUND GP, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF

JANUARY, A.D. 2019.

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

19 JAN 18 AM 1: 00

Authentication: 202106043

Date: 01-18-19

7242874 8300 SR# 20190358034