

W1900005348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

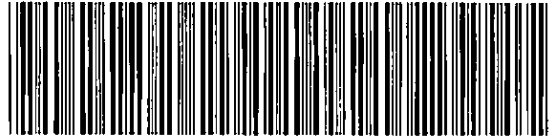
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000053386

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

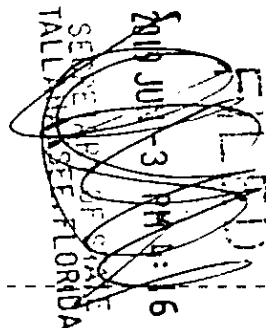
RECEIVED  
19 JUN -3 PM 4:20  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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2019 JUN -3 PM 4:37  
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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

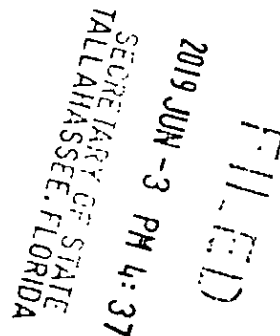
ACCOUNT NO. : I20000000195  
REFERENCE : 788740 4304990  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 160.00

ORDER DATE : June 3, 2019  
ORDER TIME : 2:43 PM  
ORDER NO. : 788740-005  
CUSTOMER NO: 4304990



FOREIGN FILINGS

NAME: SHORELINE GREENS BLOCKER, LLC



XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2019

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: SHORELINE GREENS BLOCKER, LLC  
Ref. Number: W19000053386

We have received your document for SHORELINE GREENS BLOCKER, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6052.

Yvette Scott  
Document Specialist II

Letter Number: 719A00011084

RECEIVED  
19 JUN - 6 PM 1:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shoreline Greens Blocker, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Michael B. Hand

Name of Person

Shoreline Greens Blocker, LLC

Firm/Company

135 Professional Drive, Suite 104

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

mike@shorelineequitypartners.com

E-mail address: (to be used for future annual report notification)

2019 JUN -3 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Michael B. Hand

Name of Contact Person

904

at ( )

Area Code

222-6541

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. Shoreline Greens Blocker, 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 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>c/o Shoreline Greens Blocker, LLC</u> (Street Address of Principal Office) <u>135 Professional Drive, Suite 104</u> <u>Ponte Vedra Beach, FL 32082</u>	6. <u>c/o Shoreline Greens Blocker, LLC</u> (Mailing Address) <u>135 Professional Drive, Suite 104</u> <u>Ponte Vedra Beach, FL 32082</u>
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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Lydia Cohen  
Corporation Service Company Asst. Vice President  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Person</u>	<u>Michael B. Hand</u> <u>135 Professional Drive, Suite 104</u> <u>Ponte Vedra Beach, FL 32082</u>	_____	_____
<u>Authorized Person</u>	<u>Peter Franz</u> <u>135 Professional Drive, Suite 104</u> <u>Ponte Vedra Beach, FL 32082</u>	_____	_____

(Use attachments if necessary)

9. Attached is a 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. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

Michael B. Hand  
(Signature of an authorized person)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael B. Hand  
(Typed or printed name of signee)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHORELINE GREENS BLOCKER, 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 THIRD DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHORELINE GREENS BLOCKER, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2019.

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

FILED  
2019 JUN -3 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



7424767 8300

SR# 20195182110

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: 202943648

Date: 06-03-19