

P14000033757

(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:

Office Use Only

W14-13650



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 11 AM 8:40

4-1514



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2014

EDWAWRD LACEY
13027 BOCA CIEGA AVENUE
MADEIRA BEACH, FL 33708

SUBJECT: SHORELINE INVESTIGATIONS INC.
Ref. Number: W14000015050

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a ~~new~~ name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 314A00005111

ATTENTION: SYLVIA GILBERT
THIS IS THE ATTACHED
CONVERSION PAPER WORK AND A
CHECK FOR \$35.00 TO BE APPLIED
TO THE \$70.00 CHECK ALREADY SUBMITTED
THANK YOU,
www.sunbiz.org

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: SHORELINE INVESTIGATIONS INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

EDWARD LACEY

Contact Person

SHORELINE INVESTIGATIONS

Firm/Company

13027 BOCA CIEGA AVE

Address

MAJESTIC BEACH, FLORIDA 33708

City, State and Zip Code

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

For further information concerning this matter, please call:

EDWARD LACEY

Name of Contact Person

at (443) 610-8557

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,
and Certificate of Status and Certified Copy Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations

MAILING ADDRESS:

New Filings Section
Division of Corporations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

P. O. Box 6327
Tallahassee, FL 32314

14 APR 14 AM 8:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Certificate of Conversion For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

112-27815

SHORELINE INVESTIGATIONS LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a *LLC*
(Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of *FLORIDA*
(Enter state, or if a non-U.S. entity, the name of the country)

on *2/27/12*
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

SHORELINE INVESTIGATIONS INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____ (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the

effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Page 1 of 2

Signed this 3rd day of APRIL, 20 14.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: _____ Printed

Name: EDWARD LACEY Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Edward Lacey

Printed Name: EDWARD LACEY Title: PRESIDENT

Signature: Edward Lacey

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: SHORELINE INVESTIGATIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13027 BOCA CIEGA AVE
MADEIRA BEACH FL 33708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTIGATIVE WORK

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD LACEY PRESIDENT Name and Title: _____

Address 13027 BOCA CIEGA AVE Address: _____
MADEIRA BEACH FL 33708

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 14 AM 8:40

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDWARD LACEY
Address: 13027 BOCA CIEGA AVE
MADEIRA BEACH FL 33708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD LACEY
Address: 13027 BOCA CIEGA AVE
MADEIRA BEACH FL 33708

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Edward Lacey
Required Signature/Registered Agent

3/3/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Edward Lacey
Required Signature/Incorporator

3/3/14
Date