**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000189875 3)))



H100001898753ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

10 AUG 24 PM 4: 43
SECRETARY OF STATE
ALLAHASSEE. FLORIOME

## FLORIDA LIMITED LIABILITY CO. PELICANO ENTERPRISES LLC

Certificate of Status

· ·

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

C. LEWIS

AUG 2 5 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

PAGE 02/03

2010 AUG 24 AM . 50

H10000189875

ALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PELICANO ENTERPRISES LLC

(Must ond with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12344-SWITYTERR MIAMI FLORIDA 33186	Same.
	•

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VIVIAN CHANBIA
12344- Sw/44 ten
Florida street address (P.O. Box NOT acceptable)  Minum: Fl FL 33/86
City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Sgistered Agant's Stymmun (BEQLURES)

(CONTINUED)
Page 1 of 2

H10000189875

PAGE 03/03

## H10000189875

2018 AUG 24 AM . 54

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE TALLAHASSEF, FLORIDA

	Title: "MGR" = Manager	Name and Address:
į	"MGRM" = Managing MemberM G R	OSCAT Giangualani
	MGR	Paola Giangualani 12344 Sw 144 DEPR Miami FL 33186
	(Use attachment if necessary)	
(If an	ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior
٠	REQUIRED SIGNATURE:	
	Signature of a men	nber or ap anthorized representative of a member.
	of this document co	a section 608.408(3), Florida Statutes, the execution outsitutes an affirmation under the penalties of perjury ed herein are true.)
	Os CAR	Typed or printed name of signes
		Typed or printed name of signes
	Plling Fers:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 5 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2