L05000068761

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

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05 JUL 12 AM 7:58
DIVISION OF CORPORATION

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05 JUL 12 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Pelican Partner LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Pelican Partner 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:**
Pelican Partner LLC	Pelican Partner LLC
1240 Crown Pointe Lane	1240 Crown Pointe Lane
Ormond Beach, FL 32174	Ormond Beach, FL 32174

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation, FL 33324 FL
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.

Connie Bryan Special Asst Secty
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	John F. Donahue III 60 Revere Road Manhasset, NY 11030
MGR	Timothy W. Reilly 674 Park Avenue Manhasset, NY 11030
MGR	William P. McIntyre 18 Reid Avenue Port Washington, NY 11050
MGR	Fairfield Capital Corp. 57 Vanderlyn Drive, Manhasset, NY 11030

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section *608.408(3), Florida Statutes*, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey L. Wechsler
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

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TRANSMISSION VERIFICATION REPORT

TIME : 07/12/2005 16:53
NAME : CT CORPORATION SYSTM
FAX : 8509785925
TEL : 8502221092
SER.# : BROE4J579634

DATE,TIME	07/12 16:53
FAX NO./NAME	2050383
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

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BUSY: BUSY/NO RESPONSE

Division of Corporations

Florida Department of State

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