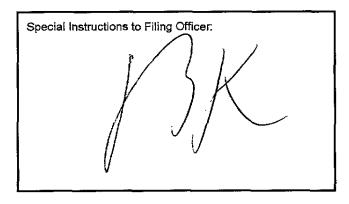
## L06000027499

	(Requestor's Name)
<u></u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Coples	Certificates of Status



Office Use Only



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CEFFE TIVE DATE

SECRETARY OF STATE



ACCOUNT NO. : 07210000032

REFERENCE: 921023 7139031

Marie

COST LIMIT : 4 160.00

ORDER DATE: March 15, 2006

ORDER TIME : 12:01 PM

ORDER NO. : 921023-005

CUSTOMER NO: 7139031

## DOMESTIC FILING

NAME: F & F PELICAN INVESTORS, LLC

## EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Denise Mick - EXT. 2950

EXAMINER'S INITIALS:

## TO PERSON ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM ARTICLE I - Name: The name of the Limited Liability Company is: F & F Pelican Investors, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: c/o Nelson Glueck c/o Nelson Glueck 3491 Ballybridge Circle 3491 Ballybridge Circle Bonita Springs, Florida 34134 Bonita Springs, Florida 34134

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:

Nelson Glueck
Name
3491 Ballybridge Circle
Florida street address (P.O. Box NOT acceptable)
Bonita Springs, Florida 34134 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager

MGR	Mark Glueck
	11600 Caplinger Road Silver Spring, Maryland 20904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 8, 2006 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Maria T. Kitchens, authorized representative 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)

Page 2 of 2