

LD6000034797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

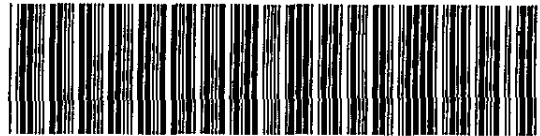
(Business Entity Name)

(Document Number)

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

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EFFECTIVE DATE

4/1/06

03/30/06--01042--025 \*\*150.00

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06 MAR 30 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Outigan APR 04 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pelican Place of Pompano, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elaine F. Lizzio  
(Name of Person)

Pelican Place of Pompano, LLC  
(Firm/Company)

2302 Henslowe Drive  
(Address)

Potomac, Maryland 20854-2949  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elaine F. Lizzio at (301) 279-7107  
(Name of Person) (Area Code & Daytime Telephone Number)

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 (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**EFFECTIVE DATE**

4/1/06

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pelican Place of Pompano, 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:**

2700 W. Atlantic Blvd., #203  
Pompano Beach  
Florida 33069

**Mailing Address:**

Elaine F. Lizzio  
2700 W. Atlantic Blvd., #203  
Pompano Beach, FL 33069

**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:

Elaine F. Lizzio

Name

2700 W. Atlantic Blvd., #203

Florida street address (P.O. Box **NOT** acceptable)

Pompano Beach, FL 33069

City, State, and Zip

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*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..*

Elaine F. Lizzio

Registered Agent's Signature (REQUIRED)

(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:**

MGR

Elaine F. Lizzio  
2302 Henslowe Drive  
Potomac, Maryland 20854 - 2949  
elainemdusa@comcast.net

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 1, 2006. (OPTIONAL)  
(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:**

Elaine F. Lizzio  
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.)

Elaine F. Lizzio  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

**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)