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(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:
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W09000038788

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SECRETARY OF STATE
TALLAHASSEE, FLORIO

D. BRUCE

SEP 8 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
SUBJECT:	Pelican	Cove Properties LLC.	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Anthony A	Aiello/Brenda Mehring	
		Name of Person	
		Firm/Company	
	3800 S	axon Dr. Apt. B-13	As o
		Address	9 SEP
<u></u>		na Beach Florida 32169 y/State and Zip Code	SSA
		11@earthlink.net	1.338 1.05 1.05 1.05 1.05 1.05 1.05 1.05 1.05
		for future annual report notification)	<u> </u>
For further information	n concerning this matter, please	e call:	ATE
	da Mehring		24-6110
Name	e of Person	Area Code & Daytime Tele	pnone 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 C Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 27, 2009

ANTHONY AIELLO/BRENDA MEHRING 3800 SAXON DR. APT. B-13 NEW SMYRNA BEACH, FL 32169

SUBJECT: PELICAN COVE PROPERTIES LLC Pelican Cove Properties

Ref. Number: W09000038788

We have received your document for PELICAN COVE PROPERTIES LLCAND your check(s) totaling \$125.00. 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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 809A00028939

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan	ne:		
The name of the Lin	mited Liability Company is:		
	Pro _ا Pelican Cove P ror	perty Holdings	LLC
(Mu	st end with the words "Limited Liabili		
ARTICLE II - Add		incipal office of the Limited I	Liability Company is:
Principal Office A	<u>.ddress:</u>	Mailing Address:	
1504 S. Riversid Edgewater, Florid	•	3800 Saxon Dr. Apt. B-13 New Smyrna Beach, Flor	
(The Limited Liability Co	egistered Agent, Registered ompany cannot serve as its own Registrative Florida registration.)	Office, & Registered Agent ered Agent. You must designate an ind	t's Signature: 09
The name and the F	Florida street address of the re	egistered agent are:	ARY SSE
	Michael S. Ti	hompson	TO RE IT
	Name		S
	3800 Saxon Dr Florida street address (P.O.		STATE CORIDA
	New Smyrna Beach	FL	
	City, State, ar	nd 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 Fof 2

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

	Name and Address:	
"MGR" = Manag "MGRM" = Man		
WORW - Wan	ging Member	
MGMR	Anthony J. Aiello	
	3800 Saxon Dr. Apt. B-13	
	New Smyrna Beach, Florida 3216	59
MGMR	Brenda G. Mehring	
	3800 Saxon Dr. Apt. B-13	
	New Smyrna Beach, Florida 3216	9
· ** * · · · · · · · · · · · · · · · · ·		
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(Use attachment	*necessary)	
•	,	(OPTIONAL)
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CLE V: Effective of the control of t	ate, if other than the date of filing: ed, the date must be specific and cannot be more than five be the of filing.) NATURE: Signature of a member or on 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.) Brenda G. Mehring	usiness days prior
CLE V: Effective of the control of t	ed, the date must be specific and cannot be more than five be the of filing.) ENATURE: Signature of a member or on 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.)	usiness days prior

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)