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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Boodinent Mariaer) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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VOISOTE TRANSPORTIVE

(850) 245-6051.

COVER LETTER

TO:

Registration Section Division of Corporations

Pelican Media 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:

| Thomas S. James | | |
|--|---------------------------|-------------------------------|
| | Name of Person | |
| Pelican Media LLC | ; | |
| | Firm/Company | |
| 9786 Country Oaks | s Lane | |
| | Address | |
| Fort Myers, FL 33 | 967 | |
| | City/State and Zip Co | de |
| tom@blackdogsports.cor | m | |
| E-mail address: (to be u | used for future annual re | port notification) |
| or further information concerning this matter, p | lease call: | |
| Thomas S. James | _{at} 816 | 718-0393 |
| Name of Person | Area Coo | le & 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Comp | cany is: |
|--|---|
| Pelican Media LLC (Must end with the words "Limit | ited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 9786 Country Oaks Drive Fort Myers FL 33967 | Same |
| | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: |
| | Name |
| 5530 Whispering Willow \ | Way |
| | street address (P.O. Box NOT acceptable) |
| Fort Myers FL 339 | 08 _{FL} |
| | City, State, and Zip |
| liability company at the place designate registered agent and agree to act in thi all statutes relating to the proper and and accept the obligations of my position. | and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S Latton I'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: | Name and Address: | |
|--|--|--|
| "MGR" = Manager | | |
| "MGRM" = Managing Member | | |
| MGR | Thomas S. James | |
| | 9786 Country Oaks Drive | |
| | Fort Myers, FL 33967 | ************************************** |
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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)