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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
	. <u> </u>	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. Shivers DEC 1 7 2013

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Pelic	an Bay Home	es LLC	
SUBJECT:		ed Liability Company	<u> </u>
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Jessica	Warren		
		Name of Person	
Pelican	Bay Homes		
· · · · · · · · · · · · · · · · · · ·		Firm/Company	
518 Inc	lian Key Drive		_
	The state of the s	Address	
Port St	Lucie, FL 349	986	
		y/State and Zip Code	
warrenj02	215@att.net	or future annual report notification)	·
For further information	concerning this matter, please	·	
	-		004
Jessica W	arren	_at (772) 971-03	384
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check t	or 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

	imited Liability Company is:				
Pelican Bay Homes L					
(N	lust end with the words "Limited Liability Co	mpany, "L.L.C" or "LLC.")			
ARTICLE II - A The mailing addre	ddress: ess and street address of the princip	oal office of the Limited L	iability Co	mpan	ıy is:
Principal Office	Address: M	ailing Address:			
518 Indian Key Drive	51	8 Indian Key Drive			
Port St. Lucie, FL 349	36 Po	rt St. Lucie, FL 34986			
business entity with a	Company cannot serve as its own Registered A	ice, & Registered Agent' Agent. You must designate an indiv	vidual or anot	her	
business entity with a	Company cannot serve as its own Registered A active Florida registration.) Florida street address of the regist	Agent. You must designate an indiv	vidual or anot	her	
business entity with a	Company cannot serve as its own Registered A active Florida registration.)	Agent. You must designate an indiv	vidual or anot	her	فعي
business entity with a	Company cannot serve as its own Registered A active Florida registration.) Florida street address of the regist Jessica Warren Name	Agent. You must designate an indiv	vidual or anot	her	Ţĸ
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business entity with a	Company cannot serve as its own Registered A active Florida registration.) Florida street address of the regist Jessica Warren Name 518 Indian Key Drive	Agent. You must designate an indiviered agent are: (P.O. Box <u>NOT</u> acceptable)	vidual or anot	her San Control of the Control of th	مم د د

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managing Member	
MORIVI — Managing Member	
"MGRM"	Jessica Warren
	518 Indian Key Drive
	Port St. Lucie, FL 34986
•	e date of filing: 12/17/2013 .(OPTIO
(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date mustor 90 days after the date of filing.)	e date of filing: 12/17/2013 . (OPTIO st be specific and cannot be more than five busi
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LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	per or an authorized representative of a member. 18.408(3). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false infor constitutes a third degree felor Jessica Warren	per or an authorized representative of a member. 18.408(3). Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)