L140000 43830

(Requestor's Name)	
(Address)	_
,	
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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02/27/14--01030--004 **160.00

EFFECTIVE DATE

2014 FEB 27 PM 1: 5

N. Gulligen FEB 28 2014

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	CCT: <u>Pelica</u>	n Property Management. I Name of Lim	LC nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corre	spondence concerning this ma	atter to the following:	
	Ror	Jones	Name of Person	**************************************
	Peli	can Property Management	t, LLC Firm/Company	
	42 E	Susiness Centre Drive #11/	2 Address	
	Mira	mar Beach, FL 32550 C	City/State and Zip Code	
	roni	ones@roniones.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	th e r informatio	n concerning this matter, plea	ase call:	
	Mary Lane Nar	at ()	850) 650-2494 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
\$125.0	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2014

RON JONES 42 BUSINESS CENTRE DRIVE #112 MIRAMAR BEACH, FL 32550

SUBJECT: PELICAN PROPERTY MANAGEMENT, LLC

Ref. Number: W14000013220

We have received your document for PELICAN PROPERTY MANAGEMENT, LLC and your check(s) totaling \$160.00. 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.

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. 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 contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 514A00004493

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Pelican Property Management #1, LLC (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15900 Front Beach Road #103 Panama City Beach, FL 32413	42 Business Centre Drive #112 Miramar Beach, FL 32550
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered. Mary Lane Name	Registered Agent. You must designate an individual or n.)
42 Business Centre Drive #11	
Florida street address (P.O. Box	·
Miramar Beach	FL 32550 5
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	Zip rvice of process for the above stated limited liability company at t the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
Registered Agent's Signat	ture (REOUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Ron Jones 15900 Front Beach Road #103
	Panama City Beach, FL 32413
	
(Use attachment if necessary) EV: Effective date, if other than the date	of filing: <u>02/24/2014</u> . (OPTIONAL)
EV: Effective date, if other than the date extive date is listed, the date must be sp of filing.)	of filing: <u>02/24/2014</u> (OPTIONAL) eclfic and cannot be more than five business days prior to or 90 days a
EV: Effective date, if other than the date extive date is listed, the date must be sp f filing.) EVI: Other provisions, if any.	of filing: <u>02/24/2014</u> (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a
EV: Effective date, if other than the date extive date is listed, the date must be sp f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 days a mber or an authorized representative of a member.
EV: Effective date, if other than the date extive date is listed, the date must be sp f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 days a sember or an authorized representative of a member. 25.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. In mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ective date is listed, the date must be spor filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation undil am aware that any false infor constitutes a third degree felor	ecific and cannot be more than five business days prior to or 90 days a mber or an authorized representative of a member.

Page 2 of 2