

L15000019469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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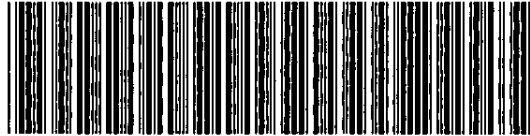
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN 22 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. B. BAKER FEB 02 2015

January 18, 2015

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

To Whom It May Concern:

Enclosed is check number 2618 in the amount of \$130.00 made payable to the Florida Department of State for the Filing Fee for Articles of Organization and Designation of Registered Agent plus a Certificate of Status. Enclosed are executed Articles of Organization and Designation of Registered Agent.

We can be contacted as follows:

Carl D. Michael
6788 Sylvan Woods Drive
Sanford, FL 32771
(407) 920-0492

M. Jane Michael
6788 Sylvan Woods Drive
Sanford, FL 32771
(407) 430-9311

Respectfully,

A handwritten signature in cursive script that reads "Carl D. Michael".

Carl D. Michael

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pelican C505, 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:

Carl D. Michael

Name of Person

Firm/Company

6788 Sylvan Woods Drive

Address

Sanford, FL 32771

City/State and Zip Code

carldmichael@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl D. Michael

Name of Person

at (407)

Area Code

920-0492

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

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SECRETARY OF
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pelican C505, 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6788 Sylvan Woods Drive
Sanford, FL 32771

6788 Sylvan Woods Drive
Sanford, FL 32771

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:

Carl D. Michael

Name

6788 Sylvan Woods Drive

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

Sanford

City

FL 32771

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 605, F.S..

Carl D Michael

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR MGR

Name and Address:

Carl D. Michael

6788 Sylvan Woods Drive

Sanford, FL 32771

AMBR MGR

Marjorie Jane Michael

6788 Sylvan Woods Drive

Sanford, FL 32771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 15, 2015 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Carl D Michael

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Carl D. Michael

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA