L15000050911

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	· · · · · ·
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bi	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300270038363

03/06/15--01012--002 **130.00

15 MAR - 6 PM 12: 50
SECRETARY OF STATE
ORIO

MAR 24 2015

T. HAMPTON

COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJI	ECT: <u>Pelicar</u>	n State Logistics LLC Name of Lir	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Terry Wi	lson	Name of Person	
	Pelican :	State Logistics		
			Firm/Company	
	3008 Ra	nchette Square	Address	
			Address	
	Gulf Bree	eze, Florida 32563	City/State and Zip Code	
<u>.pe</u>	elicanstatelog	istics@yahoo.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	on concerning this matter, plea	ase call:	
Terry	Wilson Nan	at (!		Jephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$ 125.0	0 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)
		iling Address istration Section	Street/Courier Add Registration Section	res <u>s</u>

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

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 Company is:	
Pelican State Logistics LLC (Must end with the words "Limited L	ciability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3008 Ranchette Square, Gulf Breeze, Fl 3256	Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
Jessica Padilla Name	
3008 Ranchette Square Florida street address (P.O. Box 1	
Gulf Breeze	FL 32563
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in 605, F.S
Registered Agent's Signatu	Da Di Da re (REQUIRED)
(CONTINUE	AS TO
Page 1 of 2	

Title:	Name and Address:
"AMBR" = Authorized Member	
'MGR" = Manager	
MGR	Terry Wilson
	1042 Oak Cove Dr.
	LLacombe, La. 70445
AMBR_	Inneine Parlille
AWDR	Jessica Padilla 3008 Ranchette Square
	Gulf Breeze, Fl 32563
	<u> </u>
	-
	
Use attachment if necessary)	
ctive date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filing.) E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
ctive date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 9
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a region of the constitutes an affirmation ural am aware that any false information.	specific and cannot be more than five business days prior to or 9
EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation ural am aware that any false indiconstitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a region of the constitutes an affirmation ural am aware that any false information.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a magnetic filter	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee
Ctive date is listed, the date must be filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a region of the constitutes an affirmation ure I am aware that any false into constitutes a third degree fellows.	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false information to constitutes a third degree fel Terry Wilson \$125.00 Filing Fee for Articles of C	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document oder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false inf constitutes a third degree fel Terry Wilson \$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State llony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false inf constitutes a third degree fel Terry Wilson \$125.00 Filing Fee for Articles of C \$ 30.00 Certified Copy (Optional)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State llony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent