

L15000085314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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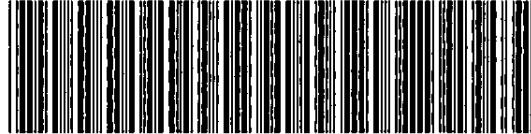
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
15 MAY 14 PM 3:42  
TALLAHASSEE, FLORIDA

685

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pelican Contracting 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:

Caressa Clark

Name of Person

Pelican Contracting LLC

Firm/Company

6547 Midnight Pass Rd. #15

Address

Sarasota, FL 34242

City/State and Zip Code

yephowdy@yahoo.com

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

For further information concerning this matter, please call:

Russell Pitter at (941) - 822-4293  
Name of Person Area Code 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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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2015

CARESSA CLARK  
6547 MIDNIGHT PASS RD #15  
SARASOTA, FL 34242

SUBJECT: PELICAN CONTRACTING LLC  
Ref. Number: W15000006474

Upon receipt of your letter and/or check(s) totaling \$125.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 515A00001818

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pelican Contracting 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:**

6547 Midnight Pass Rd. #15  
Sarasota, FL 34242

6547 Midnight Pass Rd. #15  
Sarasota, FL 34242

**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:

Carmesa Clark

Name

6547 Midnight Pass Rd. #15

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

Sarasota

FL 34242

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.*

Carmesa Clark  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Caressa D. Clark  
8547 Monfort Pass Rd. #15  
Sarasota, FL 34242

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5/14/15 (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:**

Caressa D. Clark  
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.)

Caressa D. Clark  
Typed or printed name of signee

**Filing Fees:**  
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 38.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)



OGDEN UT 84201-0038

In reply refer to: 0443135113  
June 26, 2014 LTR 147C 0  
47-1055570 000000 00

00003443  
BODC: SB

PELICAN CONTRACTING LLC  
CARESSA D CLARK MBR  
6547 MIDNIGHT PASS RD STE 15  
SARASOTA FL 34242-2506



011053

Employer Identification Number: 47-1055570

Dear Taxpayer:

Thank you for your inquiry of June 17, 2014.

Your Employer Identification Number (EIN) is 47-1055570. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

If you need forms, schedules, or publications, you can obtain them by visiting the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll free at 1-800-TAX-FORM (1-800-829-3676).

Please call our toll-free telephone number at 1-800-829-0115 with any questions you may have.

You also can write to us at the address shown at the top of this letter's first page.

When you write to us, please attach this letter and, in the spaces below, give us your telephone number with the hours we can reach you in case we need more information. You also may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

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